

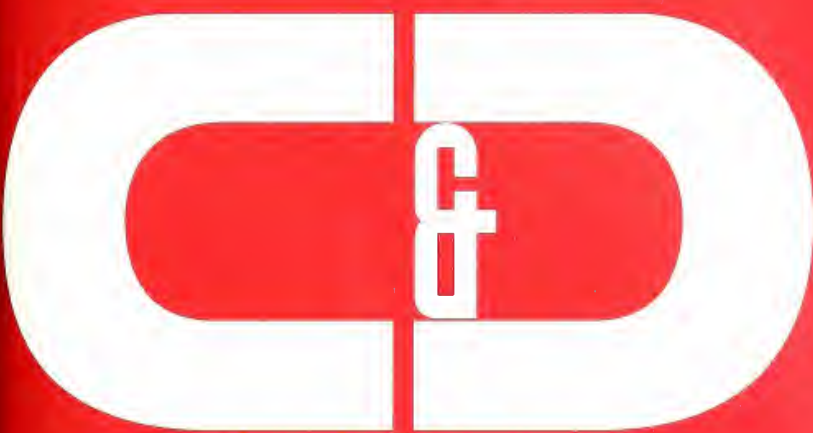


CMP

United Business Media

Chemist&Druggist

The Newsweekly for Pharmacy



16 November 2002

**NHS moves to
three-year
health planning**

**Contractor fury
at Liverpool
MP's remarks**

**Boots scales
back Pure
Beauty plans**

**Strategy – first
step in building
your business**



Britain's biggest-selling cough brand also has products for colds, sore throats and flu. So what will it do for you this winter?



Benylin is a registered trademark of Pfizer Consumer Healthcare



Colds and flu? There's a New Nurse on call



DAY AND NIGHT NURSE CAPSULES combines two effective treatments for colds and flu in one 24-capsule pack. A powerful day and night-time symptom reliever, only available from pharmacists.

The pack contains all you need to soothe a tickly cough, shivers, aches and pains, blocked and runny noses as well as sore throat pain and headaches. The day-time capsules are non-drowsy and the night-time capsules aid restful sleep.

Now there's a New Nurse on call in your neighbourhood 24 hours a day.



Pharmacy only expertise

Contains Paracetamol and (day-time capsules) Pseudoephedrine Hydrochloride, Pholcodine, (night-time capsules) Promethazine Hydrochloride, Dextromethorphan Hydrobromide

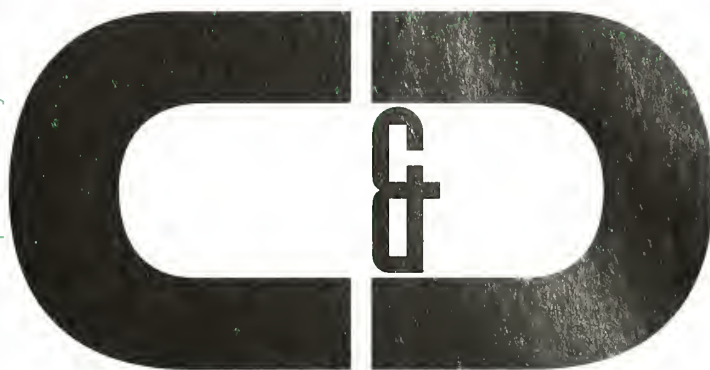
Product information. Presentation: *Day-Time Capsules:* Capsule with opaque yellow body and opaque orange cap containing Paracetamol 500 mg, Pseudoephedrine Hydrochloride 30 mg, Pholcodine 5 mg. *Night-Time Capsules:* Capsule with opaque white body and opaque bright green cap containing Paracetamol Ph Eur 500 mg, Promethazine Hydrochloride Ph Eur 10 mg, Dextromethorphan Hydrobromide Ph Eur 7.5 mg. **Uses:** Short term relief of the symptoms of colds and influenza during the day or at night. **Dosage and administration:** **Adults and children 12 years and over:** *Day-Time Capsules:* 2 capsules every 4 hours if needed up to 6 capsules in 24 hours. *Night-Time Capsules:* 2 capsules just before going to bed. **Children under 12 years:** Not to be given. **Contraindications:** Known hypersensitivity to ingredients, hyperexcitability, cardiovascular disease, hypertension, diabetes, epilepsy, hyperthyroidism,

phaeochromocytoma, closed angle glaucoma, prostatic enlargement, severe liver or kidney disease and in patients with asthma, chronic bronchitis and bronchiectasis. Patients taking, or within two weeks of having taken, MAOIs. **Precautions:** Avoid use with other paracetamol-containing preparations. Do not exceed the stated dose. Do not use for more than 7 days except on medical advice. Not recommended in pregnancy and lactation. May reduce the effect of antihypertensive drugs, and increase the risk of arrhythmias in patients using digoxin. May increase sedative effect of alcohol, barbiturates, hypnotics, narcotic analgesics, sedatives, tranquillisers. Caution required in patients taking warfarin or other coumarins, domperidone, metoclopramide and cholestyramine. The night capsule may cause drowsiness. If affected, do not drive or operate machinery. **Side effects:** May cause nausea, vomiting, diarrhoea or constipation, epigastric pain, headache, tinnitus, irritability, nightmares, anorexia, difficulty in

micturition, tachycardia, tremors and skin rashes. Drowsiness, dizziness, psychomotor impairment, antimuscarinic effects (such as urinary retention, dry mouth, blurred vision), disorientation, restlessness. There have been very rare reports of blood dyscrasias including thrombocytopenia and agranulocytosis but these were not necessarily causally related to paracetamol. Hypersensitivity reactions including rash and photosensitivity reactions have been reported. **Overdose:** Immediate medical advice should be sought in the event of an overdose, even if the patient feels well, because of the risk of delayed, serious liver damage. **Legal category:** P. **Product licence number:** 00079/0387. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Package quantity and RSP:** 24 Capsules (18 day-time capsules, 6 night-time capsules), £4.49. **Date of preparation:** May 2002. **Day & Night Nurse** is a trademark of the GlaxoSmithKline Group of Companies.



GlaxoSmithKline



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Three-year planning cycle for NHS revealed 4

The Department of Health has released a document setting out a three-year cycle for determining local health targets and priorities

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United Business Media

NHS moves to three-year plan

The Department of Health has set out the requirements for local health planning by the NHS for the next three years.

The document, *Improvement, Expansion and Reform: the next three years*, identifies the national priorities and targets which organisations need to build into their local plans from 2003 to 2006. Key objectives include improving:

- service standards for patients
- health and social outcomes in cancer, coronary heart disease, older people, and drug misuse
- value for money.

Primary care trusts will be required to build these targets into

their local plans which, in turn, will be combined by the strategic health authority to produce a local delivery plan.

Hemant Patel, secretary of North East London Local Pharmaceutical Committee, has urged pharmacists to get involved otherwise they "will be out of any planning for three years, at least at the local level".

Every HA now needs to put a local delivery plan in place by April next year, said Mr Patel and, as PCTs will be contributing to these plans, pharmacy only has a limited amount of time to influence local delivery plans (see *Your Views*, p14).

The document also discusses workforce and IT issues, including:

- increasing workforce capacity and productivity through skill mix and CPD; moving work from doctors to other healthcare professionals and from healthcare professionals to the support workforce, supported by pay modernisation, and service design
- ensuring electronic transfer of prescriptions is 50 per cent implemented by December 2005 and 100 per cent by December 2007.

For more information:

<http://www.doh.gov.uk/planning2003-2006/index.htm>

MEDICINES

Medicines compendium gets update for 2003

The 2003 edition of the *Medicines Compendium* will be published in January.

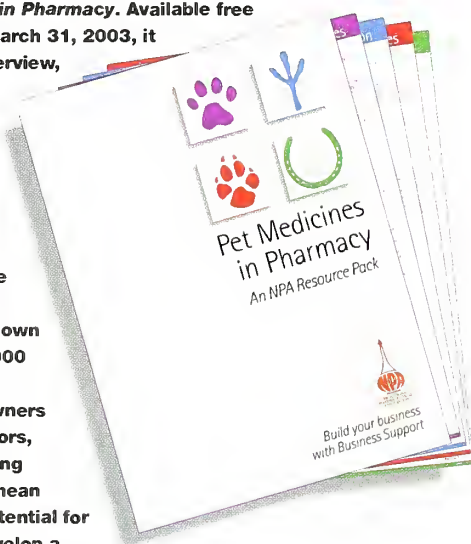
It will contain references to more than 2,400 prescription-only pharmacy and OTC licensed medicines. Other information includes indications, contra-indications and dosage.

Since the last edition was published in 2001, 68 per cent of the entries have changed.

A free copy will be available to every UK-based GP practice and hospital pharmacy on request. Other health professionals may purchase a copy for £55.

Pharmacists may access the *Compendium* online for free at www.emc.chn.net

The National Pharmaceutical Association has launched a resource pack called *Pet Medicines in Pharmacy*. Available free to members before March 31, 2003, it includes a market overview, legal matters, merchandising and display, support staff training materials and a product listing. John D'Arcy, NPA chief executive, said: "More than 60 per cent of pharmacy customers own pets, and some 500,000 visits are made to pharmacies by pet owners every day. These factors, coupled with increasing interest in pet care, mean there is enormous potential for the pharmacist to develop a niche in this burgeoning £2.5m sector"



Changes to PIP Code rules

A new system for the regulation of PIP Codes issued internally by wholesalers and other distributors is being introduced in 2003. The new arrangements will affect:

- wholesalers using the pip code for 'own product' coding
- organisations managing or distributing product lists/codes on behalf of others using PIP Codes for internal coding.

The new system will overcome the problem of duplication of PIP Codes within the 700-0000 and 800-0000 series currently used by wholesalers for internal coding.

The following arrangements come into force from January 1:

1. The 600-0000 series of codes will be opened up for internal use by wholesalers/distributors under the control of the C&D Price Service.
2. C&D Price Service will issue wholesalers and distributors with blocks of codes from within the 600-000 series on request. Those codes will be exclusive and there will be no charge for this service.
3. Wholesalers will issue and maintain codes for their own internal use from within the block issued to them by the C&D Price Service. When that block is used up they should apply to the C&D Price Service for a further code block.
4. Code blocks issued to each wholesaler/distributor will be

**012-2156
PIPCODE
012-3430**

published twice a year in the *C&D Generics Guide*, and will be available on request from the C&D Price Service.

5. PIP Code users and IT systems suppliers should refuse to accept PIP Codes from any wholesaler or distributor outside their allocated block, and refer the originator to the C&D Price Service for a code block allocation.

6. After five years' administration of the 700-0000 and 800-0000 series, codes will revert to the C&D Price Service and wholesaler/distributor generated codes from the 700-0000 and 800-0000 series will no longer be recognised.

● Companies using the PIP Code for internal coding and which require a code block allocation, should contact: Colin Simpson, Price List controller, C&D, CMP Information, Sovereign Way, Tonbridge, Kent TN9 1RW.

For more information:

csimpson@cmpinformation.com
Tel: 01732 377296.

Dispensing robots funded

Funds for robotic dispensing systems are to be announced shortly, ministers have disclosed.

The Department of Health is considering the recommendation from the Audit Commission that a national specification for automated dispensary systems should be commissioned and funded.

Hazel Blears, the health minister, told Gregory Barker, the MP for Bexhill and Battle, that automated dispensing systems

were seen as part of the integrated care record service, which would run up to 2008, by which time a unified patient record system would exist for all NHS patients.

"This will include the functionality of electronic prescribing, pharmacy systems and, where appropriate, robotic dispensing systems. Funding for this programme over the next three years will be announced in the autumn," Mrs Blears said.



Gillian Hawsworth, vice-president of the Royal Pharmaceutical Society, collected her MBE from Buckingham Palace this week. She received the award, in the Queen's birthday honours, for services to pharmacy in Mirfield, West Yorkshire, where she used to own a pharmacy

Endorsing glucosamine

The Prescription Pricing Authority has changed its dispensing and endorsement guidelines for glucosamine and glucosamine sulfate as they are now recommended International Non-proprietary Names (rINNs).

As long as prescriptions are written generically for glucosamine or glucosamine sulfate tablets or capsules contractors will be reimbursed for items blacklisted in Part XVIII A of the *Drug Tariff*.

This advice came into effect on October 1 and prescriptions disallowed before that date and resubmitted will be reimbursed.

● **NCSO:** The Department of Health and the National Assembly for Wales have agreed to allow NCSO endorsements for co-trimoxazole tablets BP 50/25 for November.

For more information:

www.psn.org.uk

PRACTICE

Pharmacists angry over 'insulting' news item

Liverpool pharmacy contractors are demanding an apology from an MP and a local newspaper for implying that technicians at local GP surgeries would offer a more efficient pharmaceutical service.

The newspaper, *Merseymer* (October 31), carried a story saying that local MP Maria Eagle welcomed plans to help five south Liverpool health centres improve prescription services by training technicians to supply medicines without pharmacist supervision.

The £75,000 scheme "aims to reduce waste and develop repeat prescribing protocols", the newspaper said.

Local Pharmaceutical Committee secretary, Jeremy Clitherow, told *C&D* he has been inundated with calls from irate pharmacists complaining how insulted they felt by the MP's views when they were giving such dedicated service to vulnerable patients in a deprived area.

But Alison Butt, South Liverpool PCT prescribing

adviser, told *C&D* the story was inaccurate and seemed to have arisen from a misinterpretation of a Department of Health press release.

The PCT is using the money to develop a series of medicines management initiatives, she said, and at no time did the PCT intend to train technicians to supply medicines without pharmacist supervision, which would be illegal.

A correction is being sought in *Merseymer*.

New PSNC post created

Alastair Buxton has been appointed head of NHS services at the Pharmaceutical Services Negotiating Committee.

This post has been created to develop and implement quality services and standards for the current and new NHS contract.

Mr Buxton has eight years experience in community pharmacy as well as having served on the Professional Executive Committee of Shropshire PCT. He was previously chairman of the Young Pharmacists' Group.

For more information:

www.psn.org.uk

SCOTLAND

Drug workers supervise methadone consumption

Drug misusers in Stranraer can now take their methadone at Turning Point Scotland premises instead of a pharmacy.

The three pharmacies in Stranraer still dispense supplies, which are delivered by drug workers to the drug project premises for supervised consumption.

The scheme was introduced

two months ago because there was a waiting list of clients needing to have their methadone consumption witnessed.

"We went down this route for capacity reasons, not to cut pharmacists out – in fact, two of the pharmacies are continuing to supervise some methadone consumption," said Alan Macdonald, director of

pharmacy services, Dumfries and Galloway.

The local drug action team's Kath Lord-Green said: "Clients are happier that they are not consuming their medication in front of other customers in the pharmacy."

"It also gives them time to relax and get to know the drug worker and discuss other issues."

The pharmacists helped Turning Point Scotland, the drug action team and the primary care trust to develop the new protocol, which was approved by the Home Office Drugs Branch.

Local police officers have worked closely with Turning Point staff to ensure that risks are minimised when transporting methadone.

Vets fight to keep 'gatekeeper' role

The British Veterinary Association (BVA) has defended its members following the Competition Commission's provisional conclusion that a complex monopoly exists in the supply of Prescription Only Veterinary Medicines (C&D, Sept 21, p6).

Peter Jinman, BVA president, said: "The veterinary surgeon's role as 'gatekeeper' is key."

Vets are the "best qualified" to ensure the most appropriate medicine is supplied, and "only qualified vets have the appropriate training in pharmacology to ensure the proper and safe use of these products", he argued.

The BVA expressed concern that pharmacist involvement in the vet/client relationship will increase the owner's costs, since two businesses, rather than one, will need to operate profitably.

"Competition may be achieved, but at the price of increased overall cost and consequent

animal welfare problems," it said.

Referring to the Commission's provisional conclusions, the BVA said: "Some of the suggested remedies seem excessive and an unnecessary intrusion into business practice... there are instances where we believe economic theory and practicality part company."

Denise Kingsmill, chairman of the Commission's inquiry into the supply of animal POMs, discussed the provisional findings at the BVA's annual congress last month.

She told delegates that "conduct by some vets, wholesalers and manufacturers has the effect of preventing, restricting or distorting competition in the supply of POMs".

"We want to reduce barriers to pharmacies competing with veterinary surgeons in dispensing POMs," she said.

For more information:

www.bva.co.uk



Terri Banks, who served on the Royal Pharmaceutical Society's Council for five years as a Privy Council nominee, receives a certificate of honorary membership from president, Marshall Davies. Mrs Banks chaired the group that reviewed the Society's ways of working, and was heavily involved in setting up its audit arrangements. "The Society elects only a few honorary members a year, so Terri is joining a select band," said Mr Davies.

Professor Alastair Robert Michell, former president of the Royal College of Veterinary Surgeons, has been appointed as a Privy council nominee for a term of three years, following the retirement of Dr John Evans

Martindale free online

An online version of *Martindale: The Complete Drug Reference* will be available free of charge to all pharmacists in Scotland for a trial period. Starting this month, and continuing into next year, the trial will also offer access to

Stockley's Drug Interactions from next year.

For passwords contact am.wales@scpmde.scot.nhs.uk or pgoacher@rpsgh.org.uk

For more information:

www.elib.scot.nhs.uk

One-stop health centres a case for scrutiny

All plans to develop one-stop centres, as outlined in the *NHS Modernisation Plan*, should be referred to the proposed Local Authority Overview and Scrutiny Committees (OSCs), says the NPA.

These reviews should look at the impact of such developments on access to pharmaceutical services and shopping. The Association has been responding to a Department of Health 'listening exercise' on the formation of OSCs, which will scrutinise NHS Bodies and the services they provide,

including local pharmaceutical services. There will be one OSC for every primary care trust, and draft guidance states that they will scrutinise 'substantial variations and substantial developments' in health services.

The NPA says local pharmaceutical committees should be involved at all levels of the process, and that OSCs need to link with the Royal Pharmaceutical Society's inspectorate so that OSCs do not replicate its work.

However, the NPA is against exempting proposals to establish or dissolve an NHS Trust or PCT from scrutiny and review. Changes of this kind can have a huge impact on local services, says the NPA.

Community pharmacy is not mentioned in a DoH consultation document on the modernisation of pathology services.

The NPA says this is "curious" as the document states that: "Pathology services can be carried out in new ways and new settings," and where better to access these services than in a community pharmacy?

Some pharmacies already provide diagnostic services and the NPA is concerned that if the local NHS pathology network ignored them, the result could be a situation where they would be working to different standards.

Questiontime

in association with



UniChem

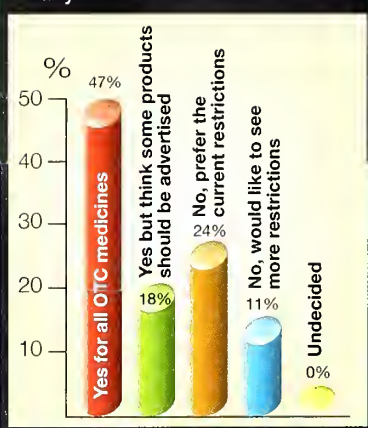
Last week we asked you: "Do you support the MCA's proposals to allow a wider range of non-prescription medicines to be advertised to the public?" You replied (see right):

This week's question: Do you believe that smoking should be banned in public places?

Yes No

You can record your vote on our website: www.dotpharmacy.com. You have until noon on November 19 to cast your vote. We will publish the results in C&D, November 23.

What you told us



Naturally Profitable

Relieves everyday
stress naturally

Also relieves stress & nervous tension
when trying to give up smoking

NEW



hops, scullcap, valerian and vervain

- Stressless is a natural remedy for everyday stress
- Stressless also relieves stress and nervous tension when trying to give up smoking
- National advertising campaign

Relieves everyday stress naturally

Council member seeks ban on smoking in public

A member of the Council of the Royal Pharmaceutical Society is calling for a ban on tobacco smoking in public places.

Hemant Patel wants smoking to be banned in public places, including pharmacies, and is calling for a new tax on tobacco companies to cut deaths from passive smoking.

Mr Patel has proposed a motion for debate on the subject at the Council's December meeting.

"It is high time the Society and Council regularly commented on public health issues with a view to influencing health outcomes," Mr Patel said.

Last week the British Medical Association called for a similar smoking ban, and released a report called *Towards Smoke-free Public Places*, which concluded that 1,000 people die each year from passive smoking.

Mr Patel is calling on the

Society to work jointly with the BMA to support the motion, as it would promote "good team-working" between the two professions.

The Society said that, while it is broadly anti-smoking, the Council had not addressed the specific issue of smoking in public places. But it added that it actively encourages pharmacists to become involved in smoking cessation activity.

POLICY

Views are in on PGD proposals

The Medicines Control Agency received 74 replies to its proposal to extend Patient Group Direction (PGD) legislation to health professionals working in the prison and defence medical services, and independent hospitals and clinics.

The aim, set out in *MLX 278 (C&D, January 19, p6)* was to ensure consistency in development and use of PGDs between the NHS and the private sector.

No respondents objected in principle to extending PGDs to the independent sector.

The Independent Healthcare Association (IHA) suggested that professional advice on PGDs should become part of the service level agreement for contracts, and that the chief pharmacist of the contract provider (not the visiting pharmacist) should authorise the PGD.

The Royal Pharmaceutical Society mirrored the IHA's comments about establishing formal pharmacy input.

The Society would prefer PGDs to be restricted to organisations under the control of the National Care Standards Commission, while the Pharmacy Community Care Liaison Group suggested all PGDs should be signed off by one body, such as the National Patient Safety Agency.

Most replies approved extension of PGDs to the defence medical services, while there was a mixed response to extending PGDs to prison custody suites.



The College of Pharmacy Practice in Scotland and the Scottish Centre for Post Qualification Pharmaceutical Education held their first joint meeting in Nairn recently. Participants were encouraged to develop practice research as part of their day-to-day practice by the speakers Dr Margaret Watson, MRC Fellow at the department of general practice and pharmacy care, University of Aberdeen and Dr Janet Krska, practice pharmacist Tayside PCT and chairwoman of the CPP research committee. The participants are shown with, from the left: Alison McRobbie, joint SCPE tutor Highland, Dr Margaret Watson, Dr Janet Krska and Jackie Agnew, joint SCPE tutor

SCOTLAND

Alcohol misuse costs Scotland over £1 billion

Alcohol misuse is costing Scotland more than £1,070 million a year, based on prices for 2001-02.

In Scotland, one third of men and a sixth of women aged between 16 and 64 years drink more than the recommended weekly limits. Men and women in the 16-24 year-old age group are the most likely to exceed these limits - 43 per cent and 24 per cent respectively.

Catalyst Health Economics Consultants found that £95.6m of the total costs went on NHS

healthcare, £85.9m on social work services and £267.9m on the criminal justice system. But the largest expenditure, £404.5m, was on indirect costs such as premature death among the working population, absenteeism from work and unemployment.

The burden on Scottish society is greater than that of diseases such as strokes, depression and diabetes, says Catalyst.

For more information:

Varney S and Guest J, *Pharmacoeconomics* 2002; 20(13): 891-907

RPSGB

Society takes on NPA in antiques market

The Royal Pharmaceutical Society is challenging the NPA as a major source of repro pharmaceutical antiques.

Since the launch of its replica leech jar in September, the Society has been inundated with orders. Extra jars (at £50 plus £19 for postage) have been commissioned and a dedicated mail order service established, it says.

If you are looking for inspiration for Christmas presents for the pharmacists in your life, the Society's museum is also offering a drug storage jar (£75) and a syrup jar (£105).

Orders for Christmas must be received by December 6.

For more information:

www.rpsgb.org.uk

Tel: 020 7572 2210.

SURVEY

Pain across the nation

More than a fifth of people in the UK suffer pain almost every day of their lives, according to a new survey.

To coincide with Pain Awareness Week (November 11-18), the Pain Society interviewed 1,000 adults.

The survey revealed that, of those in pain:

- 15 per cent had not consulted anyone for advice in the last 12 months
- 11 per cent were not taking any medication for their pain
- just seven per cent of chronic pain sufferers had visited a pain specialist or pain clinic
- 56 per cent said their quality of life was affected and 44 per cent have been depressed.

Pain Awareness Week aims to raise the profile of chronic and acute pain conditions that are under-diagnosed and under-treated in the NHS.

The Pain Society is a multi-disciplinary professional organisation that aims to achieve the highest possible standards in pain management through education, training and research.

For more information:

www.painsociety.org

Tel: 020 7631 8870.

TEACH YOUR STAFF THE TRUE MEANING OF PAIN.

Simply visit www.nurofentraining.co.uk for details

The highly successful, CPP accredited and award winning Pharmacy Solutions training guide to pain management is now available online. This way, your staff can find out everything they need to know about pain. But for you, it's no hardship at all.



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Manichem acquires Butler's

Manichem Ltd has acquired the five pharmacies previously owned by Butler & Son for an undisclosed sum, it emerged this week.

The previous owners, Mr and Mrs Butler, have joined Manichem as professional services advisor and personnel manager for the group. The acquisition of the Reading-based pharmacy chain brings Manichem's total number of outlets to 23. The additions will be rebranded in due course, but will continue to carry their individual names alongside the Manichem logo. Manichem is currently finalising the acquisition of another chain of the same size as Butler's.

New MD at IVAX

Frank Cordella (pictured below) has taken up the position of IVAX Pharmaceutical UK's managing director. He succeeds Jon Close.



A whole new sales and marketing management team has also been put in place to work with Mr Cordella, who joined from FH Faulding Ltd. The team is headed up by Simon Clark as commercial director across both the brand and generic divisions. The brand marketing team is led by Graeme Duncan and Steven Passmore. Meanwhile Richard Daniell, Graham Ker and Tom Yeung take charge of the generics team.

Boots scales back Pure Beauty expansion plans

Boots appears to be rethinking its strategy of trying to position itself as a high street retailer clearly focused on health and beauty. The healthcare group is scaling back its ambitious expansion plans for its premium cosmetics concept, Pure Beauty.

Currently operating nine stand-alone Pure Beauty stores, Boots has largely abandoned plans to increase the chain to 65.

A Boots spokesman admitted that the concept was not making any profit and revealed that there were likely to be only a few more stand-alone units.

However, he also raised the possibility that Pure Beauty departments might be included in some larger Boots stores.

Meanwhile, the future development of the pharmacy multiples' involvement in Wellbeing services has also been called into question. The division once again recorded losses of £16.1 million on sales of £130m.

While some of the services, such as laser eye clinics, dentistry and chiropody, are already making a net contribution to the group's performance, others, including hydrotherapy, have remained unprofitable.

The spokesman confirmed that no more openings were planned for the next few months. An announcement regarding the future of Wellbeing services is scheduled for January 21, 2003.

It also emerged that the retailer had re-introduced CDs and other



Boots' chief executive Steve Russell: aiming to cut costs

gift ranges in 50 of the multiples' larger stores for the Christmas period. Boots had withdrawn electrical and gift ranges from its stores in a much publicised move to give the stores a clear health and beauty focus.

The Boots spokesman defended the action by saying that the company had reacted to customer demand and that sales from the gift ranges would only account for around 1.5 per cent of the company's third-quarter sales.

The news came as Boots announced a 2.5 per cent increase in half-year sales to £2.62 billion. But the group's operating profits fell by 5.3 per cent to £269 million.

Sales at Boots The Chemist's rose 3.3 per cent to just under

£2bn but operating profits were down by more than 6 per cent.

The company announced a £100m cost cutting programme over the next two and a half years which is likely to include staff redundancies in the logistics and manufacturing departments at Boots' Nottingham headquarters.

Boots insisted that the possible relaxation or abolition of control of entry regulations was not necessarily bad news, pointing to around 100 stores which had not been able to get a dispensing licence under current rules.

"If there is a move towards deregulation in pharmacy, the competitive environment will become more acute," said chief executive Steve Russell.

Avicenna forms new trading subsidiary

Avicenna, the 300-member buying group, has formed a wholly-owned trading subsidiary, called Galen Consumer Ltd.

While the membership element of Avicenna's activities will remain the responsibility of the parent company, Galen will handle Avicenna's current export business and seek other joint ventures.

Galen will also be instrumental in Avicenna's move into ownership of branded products.

The company intends to target

brands that are still viable but find themselves at the "tail end" of the product portfolio of a larger manufacturer.

There are currently no plans for a range of Avicenna own-label products.

"The experience developed in a trial of marketing some sundry products has encouraged us to move into the ownership of licensed products and to seek other new business ventures," explained Avicenna's chairman, Salim Jetha.

NPA wants DTI support on issue of sales promotions

The Department of Trade and Industry is being urged by the NPA to support an exemption for medicines in a proposed EU regulation intended to remove all restrictions on sales promotions.

The Pharmacy Group of the European Union (PGEU) has persuaded the European Parliament to accept its proposed amendment that medicines be excluded from the regulation.

If adopted, the amendment would allow UK legislation, which regards medicines as special

products and not ordinary items of commerce, to remain in place.

The NPA is hoping to persuade the UK Government to support the proposed amendment when the issue is considered by the Council of Ministers.

If the proposal is passed in its current form the UK Government would no longer be able to impose any special restrictions on the way in which medicines are promoted to the public.

For more information:

www.npa.co.uk



New Feminine Hygiene range shows Canesten Cares

Canesten are pleased to announce the launch of new Canesten Care.

Canesten Care is a soap and fragrance-free female hygiene range, suitable for everyday use by all women, particularly those who experience occasional intimate irritation. Discomfort of the vaginal area is a common reaction to aspects of modern lifestyle, such as perfumed soaps and shower gels, and is suffered by over 50% of women¹, making this an area of huge potential for pharmacy growth.

Canesten Care is available in two formats – a Wash and a Wipe – both gynaecologically tested, enriched with vitamin E and designed with the benefit of Canesten's long-standing expertise and understanding of Female Health.

Reference 1. Data on file, Bayer UK.



Gynaecologically tested

Help them make a fresh start everyday

Canesten® can

Coming Events

NOVEMBER 18

NICPPET

CPD – Developing your Portfolio,
Silver Birches Hotel, Omagh, 7.30pm.

NICPPET

CPD – Developing your Portfolio,
Everglades Hotel, Londonderry, 7.30pm.

NOVEMBER 19

**East Metropolitan Branch,
RPSGB**

The Art of Medicine: Evidence-based Medicine and the Challenges of Application to Older People,
Dr Mike Gill, Wanstead Public Library, Spratt Hall Road, E11 2RQ.

NICPPET

Evidence-Based Management of Diabetes, at the Lodge Hotel, Coleraine, 7.30 for 8pm.

NICPPET

Prescribing Support Foundation Training, at the Oaklin House Hotel, Dungannon, 7.30pm.

NOVEMBER 20

NICPPET

Prescribing Support Foundation Training, at the Fitzwilliam International Hotel, Antrim, 7.30pm.

NDC to launch head office linked information system

NDC Health is planning a new year launch for a head office IT system allowing central control of outlying branches' dispensary processes. Linked to a data warehouse, Information Manager will also allow production of detailed management information for multiples and small independents.

NDC Health's managing director, Steve Arnold, predicts pharmacy IT will move towards more centralised systems and controls, even for small multiples. Managers will have more control over each business.

Meanwhile, Mr Arnold warned there is no indication yet of what will happen at the end of the year when the ETP pilots running in England are due to finish. NDC is involved in two of the three pilots.

According to Mr Arnold, the most likely scenario is that the Department of Health will pick elements from each of the pilots and establish a protocol that

suppliers and users will have to conform to. "Then let the market place rule," he said.

It is understood that a recent closed meeting led by the Prescription Pricing Authority and involving IT system suppliers adopted a similar approach. A major drawback for community pharmacists in the proposed protocol is that it does not make use of NHSNet, so would isolate community pharmacists from access to patient records.

Speaking at the opening of NDC's new UK headquarters last week, Mr Arnold said: "One has to question what role pharmacy has to play in the NHS information strategy while it is still effectively barred from the NHSNet. How can the electronic patient record be valid without pharmacists being able to check condition-related drug interactions?"

NDC has invested over £100,000 in ETP so far, says Mr Arnold, who is impatient with the

pace of development. He is also critical of the way the project has been set up. "Policy discussions on how to fund ETP have to be addressed. There is no business case for it at present."

NDC has expertise in transaction handling gained from its US operations. This is the weakest link in the ETP pilots, Mr Arnold believes, and an area in which the company could be interested, "but there is no business case for me to take back to the US".

NDC has around 2,500 pharmacies using its Pharmacy Manager dispensary system. Its Network Manager, launched 12 months ago, now has 1,000 customers, including Superdrug, 170 Numark pharmacies and nearly 300 outlets which form part of Taylor Nelson's pharmacy panel.

For more information:

www.ndchealth.co.uk
Tel: 0870 8411233.

MARKETING

Numark puts NuLife into marketing mix

Numark's new customer magazine, *NuLife*, has gone into more than 1.5 million UK households in the group's most ambitious advertising project to date.

Aimed at raising awareness of pharmacy and promoting the pharmacist's role as a healthcare professional, the magazine was distributed in the catchment area of member pharmacies.

Each Numark pharmacy has been allocated 1,000 copies of *NuLife*, which includes articles on healthcare issues and simple advice on a variety of common health problems.

Articles in the first issue look at winter ailments, pain relief, indigestion, skin care and children's health.

The personalised magazines carry the name(s) and contact

details for the nearest Numark outlet(s) and will reach customers either with the local newspaper, via a door-to-door drop or by direct mail.

Numark's marketing director, Andrew Sollitt, said: "We recognise our members have a need to promote themselves within the community they operate and this magazine will help achieve this."



*This year's
number
One Christmas
hit single*

With the festive season kicking up, you can't avoid the occasional heartburn or the single table agony of gas, heartburn and acid indigestion from food or drink. Johnson & Johnson MSD

Unlike other OTC treatments, only Pepcid two contains an antacid and an acid balancer which means that it acts quickly, getting you back to your normal state and less balancing act for up to 12 hours. And it's right. All you just eat, tablet, making sure Pepcid two will be the number one hit for you and your customers. At GPs too.

Pepcid two.
One hit wonder...made to last.



Only for short-term relief of heartburn and acid indigestion.

For more on-line information

www.pepcidtwo.co.uk

Further information is available from Johnson & Johnson-MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Pepcid two is indicated for the short-term symptomatic relief of heartburn, acid indigestion or excess acid symptoms. Legal category: GSL.

Johnson & Johnson MSD

Spot the difference and win a scanner

Product Information for Nurofen Liquid Capsules: Each capsule contains 200mg ibuprofen PhEur. **Indications:** For the relief of mild to moderate pain such as headache, backache, period pain, dental pain, rheumatic and muscular pains, migraine, cold and flu symptoms and feverishness. **Dosage and Administration:** Adults and Children over 12 years: Initial dose 2 capsules taken with water, then if necessary 1 or 2 capsules every 4 hours. Do not exceed 6 capsules in any 24 hours. Do not chew. Not for use by children under 12 years of age without medical advice.

Contraindications: Hypersensitivity to any of the constituents, aspirin, or other NSAIDs. Patients with existing, or a history of, peptic ulceration. Patients with a history of bronchospasm, rhinitis, or urticaria associated with aspirin or other NSAIDs.

Precautions and Warnings: Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. The elderly are at increased risk of the consequences of adverse reactions. Caution is required in patients with renal, cardiac and hepatic impairment since renal function may deteriorate. The dose should be as low as possible and renal function should be monitored. Asthma sufferers, anyone allergic to or taking any other pain killer, or receiving any other medical treatment and pregnant women, and persons who are on a restricted potassium intake should only take Nurofen Liquid Capsules after consulting their doctor. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal - Abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastrointestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance. Rarely thrombocytopenia.

Product Licence Number: PL 0327/0118. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal Category:** GSL (30 capsules Pharmacy). **Price:** 10 capsules £1.99; 16 capsules £2.99; 30 capsules £5.29.

Product Information for Nurofen Meltlets: Each tablet contains 200mg ibuprofen PhEur. **Indications:** For the relief of mild to moderate pain such as headache, backache, period pain, dental pain, rheumatic and muscular pains, migraine, cold and flu symptoms and feverishness. **Dosage and Administration:** Place a tablet on the tongue, allow to dissolve and then swallow; no water required. Adults and Children over 12 years: Initial dose 2 tablets, then if necessary 1 or 2 tablets every 4 hours. Do not exceed 6 tablets in any 24 hours. Not for use by children under 12 years of age. Elderly: No special dosage modifications required, unless renal and hepatic function is impaired, in which case dosage should be assessed individually. **Contraindications:** Hypersensitivity to any of the constituents, aspirin, or other NSAIDs. Patients with existing, or a history of, peptic ulceration. Patients with a history of bronchospasm, rhinitis, or urticaria associated with aspirin or other NSAIDs. **Precautions and Warnings:** Caution is required in patients with cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAIDs. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. Patients taking any other pain reliever, regular treatment and pregnant women should only take Nurofen Meltlets after consulting their doctor. The elderly are at increased risk of the consequences of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. If symptoms persist, consult your doctor. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal - Abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastrointestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance, unpleasant after taste. Rarely, thrombocytopenia.

Contraindications: Hypersensitivity to any of the constituents, aspirin, or other NSAIDs. Patients with existing, or a history of, peptic ulceration. Patients with a history of bronchospasm, rhinitis, or urticaria associated with aspirin or other NSAIDs. **Precautions and Warnings:** Caution is required in patients with cardiac or hepatic impairment. In patients with renal impairment, renal function should be monitored since it may deteriorate following the use of any NSAIDs. Bronchospasm may be precipitated in patients suffering from, or with a previous history of, bronchial asthma or allergic disease. Patients taking any other pain reliever, regular treatment and pregnant women should only take Nurofen Meltlets after consulting their doctor. The elderly are at increased risk of the consequences of adverse reactions. Undesirable effects may be minimised by using the minimum effective dose for the shortest possible duration. If symptoms persist, consult your doctor. **Side Effects:** Hypersensitivity reactions have been reported following treatment with ibuprofen. These may consist of (a) non-specific allergic reaction and anaphylaxis, (b) respiratory tract reactivity comprising of asthma, aggravated asthma, bronchospasm or dyspnoea, or (c) assorted skin disorders, including rashes of various types, pruritus, urticaria, purpura, angiodema and, more rarely, bullous dermatoses (including epidermal necrolysis and erythema multiforme). Gastrointestinal - Abdominal pain, nausea and dyspepsia. Occasionally peptic ulcer and gastrointestinal bleeding. Renal - Papillary necrosis which can lead to renal failure. Others - Hepatic dysfunction, headache, dizziness, hearing disturbance, unpleasant after taste. Rarely, thrombocytopenia.

Product Licence Number: PL 00327/0108. **Licence Holder:** Crookes Healthcare Limited, Nottingham NG2 3AA. **Legal Category:** GSL. **Price:** 12 tablets £2.55. **Date of Preparation:** November 2002. NFN455.

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ibuprofen



ibuprofen

When it comes to ibuprofen not all ranges are the same. Nurofen Liquid Capsules can get to work twice as fast as standard ibuprofen tablets to target pain while Meltlets dissolve easily on the tongue without the need for water, making them ideal for people who find taking tablets difficult.



For the chance to win a Canon N1240U scanner for your pharmacy, simply answer the questions below. When you've completed your answers, fill in your details and return the coupon in an envelope to: Nurofen Liquid Capsules/Meltlets Competition, PO Box 193, Nottingham NG3 2HA.

Entries must be received by 1st February 2003. All correct entries will go into a prize draw. The first correct entry drawn will win a scanner. Crookes Healthcare will notify the winner by post after 8th February 2003.

Q1. Why can Nurofen Liquid Capsules work twice as fast as standard ibuprofen tablets?

Q2. For which patient types are Nurofen Meltlets most suitable?

Name:

Title/position:

Pharmacy address:



Comment

from the Editor

Community pharmacists will be the first to acknowledge they used to practice in a clinical wilderness. Isolated and often bereft of meaningful contact with other healthcare professionals, pharmacists were, as a consequence, perceived by their peers merely as glorified shopkeepers.

Times are changing, however. Pharmacy's contribution to public health is being recognised by documents such as *Pharmacy in the Future* (the Department of Health's skill mix paper) and by the proposals for supplementary prescribing.

But judging by the British Veterinary Association's response to the Competition Commission's inquiry into the supply of animal POMs (*see p6*), it appears that vets are resolutely clinging to archaic modes of practice.

In the modern climate, patient choice is king and vets must quickly realise how far the Office of Fair Trading (OFT), and the Government, are prepared to go in the name of competition and transparency. They only have to see how pharmacy fared when the OFT got its teeth into resale price maintenance.

Comments by the British Veterinary Association (BVA) president, Peter Jinman, stating that pharmacist involvement

in the vet and client relationship will increase costs or that "only qualified vets have the appropriate training in pharmacology", will not cut the mustard at the OFT.

Last month at the BVA's annual congress, Denise Kingsmill, chairman of the Commission's inquiry, warned delegates that the Commission "wanted to reduce barriers to pharmacies competing with veterinary surgeons in dispensing POMs".

While we wait for the Commission's final response, now may be a good time to build bridges with the veterinary profession. And, with the appointment of veterinary surgeon Professor Alastair Michell as a Privy Council nominee to the Council of the Royal Pharmaceutical Society, foundations are already being laid.

Judging by the British Veterinary Association's response ...it appears that vets are resolutely clinging to archaic modes of practice

Your views

Hemant Patel, secretary of North East London LPC, comments on DoH policy to set up three-yearly health plans

Local leadership or national catastrophe?

The NHS under Labour is continuing to change its structure and, less visibly, functions of healthcare professionals.

Structural changes have led to the formation of strategic health authorities and PCTs. Yet voters and the press have criticised the Government on delivery.

In order to manage the delivery, Nigel Crisp, chief executive, NHS, has sent out *Improvement, Expansion and Reform: The Next Three Years* (*see p4*).

The aim of the three-year priorities and planning guidance is to correct:

- failure, inefficiency and fragmented service
- lack of public accountability
- poor involvement of public health experts
- poor involvement of other healthcare professionals

- remote decision making
- difficulty in monitoring due to lack of IT and growth in amount of data.

Mr Crisp is building a new culture which employs technology, demands life-long learning, empowers workers, introduces flexibility of commissioning services, and gets closer to the public and the patients.

Extra money is coming to Health and Social Services for "recruiting new staff, developing new services and creating new facilities". The aim is to "transform the quality of services" and choices for the public. This means new competition for all professions.

The document identifies priorities and targets which PCTs need to build into their local



Hemant Patel: new competition for all professionals

plans. These will then be aggregated to form a local delivery plan by the strategic health authority, whose function is to monitor delivery of national and local targets.

Community pharmacy

representatives would be wise to obtain the document and analyse it for local opportunity and to input ideas well before the end of December, if possible, and certainly by the end of January.

In any case it is best to let the PCTs know that ideas are being developed for submission and to ask where the effort needs to go to help the PCTs. But I would not be totally restricted by advice, as new service delivery ideas may not have been apparent to all.

The document assumes a large amount of background information contained in other documents, so talks with PCT officials about their plans to involve the stakeholders in discussions would be very useful. If you are around, the next opportunity to influence events will be in 2005!

INDUSTRY VIEWPOINT

Setting an example

The Young Pharmacists Group (YPG) is about to take on a new challenge – opening and running a retail pharmacy. Not just any pharmacy but a ‘test bed’ where new thinking and practice can be tried and tested.

The pharmacy will be ‘managed’ by Young Pharmacists and in this case they will be young pharmacists. Those ready, willing and, one assumes, able to take on the challenges in a new millennium. They will, however, have the backup and support of an advisory board.

The clever part is that the YPG is raising the funding to acquire, set up and operate this pharmacy through pledges and donations.

Individual pharmacists have contributed, as have regional and national multiple pharmacy chains. And, of course, so has the industry, both Rx and OTC.

Assuming the YPG achieves its target and its pharmacy is established, the project promises to offer a fascinating prospect of

The pharmacy will be ‘managed’ by young pharmacists

what the future could be – a pharmacy with a real focus on total healthcare, where customers and patients come first and pharmacists spend the majority of their time out front.

A pharmacy where professionalism and profit go hand in hand. But is that so new and different? The YPG pharmacy will certainly not be unique in this. There are many pharmacies that have adopted new ways of working and offer their customers and patients a broad range of facilities and services. The shame is that many more lag a long way behind.

As the new NHS rises to the challenge and PCTs set the local agenda, it is clear that they will not just expect, but demand improved standards from pharmacy. Those that fail may find their professional and commercial future confined to the second division.

Contributed by a senior industry manager

TOPICAL REFLECTIONS

Let the public vote with their feet

Plenty of food for thought from Sheila Kelly, director of the Proprietary Association of Great Britain (*C&D* November 9, p16). Her vision swung widely from ‘POM to P’ switches through control of advertising, the abolition of resale price maintenance and on to that major gripe of the OTC industry, that pharmacists lose out by not recommending branded medicines.

The last of her issues, on branded recommendation, has been a criticism from the PAGB’s ethical cousin, the ABPI for years, but I am still unconvinced by the arguments. As an independent pharmacist I have to consider profit, professionalism and goodwill as a package. My policy is to recommend according to a balance of these. I must be the judge of its effectiveness and not allow the industry to threaten me of its consequences.

More exciting in the long term is the vision of

community pharmacists selling OTC medicines to control chronic disease or, to put it another way, to maintain health. I already actively sell vitamins, minerals and supplements for the express purpose of maintaining health, so I cannot see any contradiction in extending that principle to the sale of other potent, safe and effective medicines. I already sell a phenomenal amount of 75mg aspirin, so the public are already voting with their feet.

But the lesson of aspirin must not be forgotten. It sells not just because it is effective but also because it is acceptably priced. If statins were to be available OTC I would fully support their sale. Realistically, though, widespread take-up will only occur if the benefits outweigh the economic risk. The price must be economic but must also be pitched to allow the volume of sales necessary for the health benefits to be measurable.

A conspiracy of silence at the vet’s



Last week I took the cat to the vet. A quick examination, a thermometer up the rear and a reassuring smile (from the vet, the cat was not amused!) “Nothing serious, just a touch of cystitis, very common in female cats.” A quick injection, a few antibiotic tablets and a bill for £60, no problem!

My vet is efficient and likes his computer toys. All details of the consultation were instantly input and by the time I had retrieved the cat from the top of his filing cabinet and returned to reception the itemised bill was ready for payment, along with the tablets resplendent in a personalised envelope.

So what had I paid £8.90 (incl VAT) for? Twelve tablets of Synulox 50mg palatable tablets manufactured by Pfizer Animal Health. From the information on the envelope, I knew they were antibiotics, that I should give the whole course and not feed them to the dog. I was also informed that I could crush them and sprinkle over food but beyond this no further useful information. Drug entity? Contraindications? Interactions

and warnings? Not a word. But my curiosity was aroused. Not to be outdone by the technical skills of the veterinary profession I searched the literature – *C&D*, *BNF*, *Martindale* – nothing. Eventually, I trawled the internet and even here found difficulty. The *Pfizer Animal Health* web page wasn’t giving much away, but eventually I found that snippet of information I was looking for. My cat had been given co-amoxiclav.

It was sheer bloody-mindedness that allowed me to find out the drug name but this was no thanks to the vet, Pfizer or the regulatory authorities. Transparency of information in human medicines is now the accepted right of the patient but it seems that when dealing with animals we still live in the era of “don’t worry your pretty little head, mummy knows best”.

What are vets and the industry trying to hide? Why should human patients have the right to know almost everything while pet owners are told nothing? The Competition Commission recently criticised veterinary practice for stifling competition, but perhaps it should now delve deeper and report on the real reason for the conspiracy of silence that seems to dominate veterinary practice.

It's an updateK

Come top of the
Pharmacyupdate
class and win

£2,000

● Everyone who registers for **Pharmacy**update before the end of January will be entered into the Update Knockout tournament, which is sponsored by Genus Pharmaceuticals.

● Each month, students scoring less than full marks on all accredited articles will be eliminated from the tournament.

● The last remaining student wins £2,000 cash.

● If there is more than one student remaining at the end of the year, they will be invited to take part in a tiebreaker.

The rules

● Register for **Pharmacy**update before the end of January 2003, study the articles published in C&D and answer the questions as normal.

● Answers must be entered via the telephone marking service before the end of the month in which the relevant MCQ sheet is issued.

● Each month, the number of students remaining in the tournament will be published in C&D and a list of names posted on our Dotpharmacy website, www.dotpharmacy.com.

Pharmacyupdate will run as normal: see the registration form on the opposite page.



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 - The registration fee has been kept at last year's rate of £25.00.
 - Northern Ireland pharmacists will have their Update registration fee paid by the NI Centre for Pharmacy Postgraduate Education and Training.
 - If you miss an article, the entire archive of accredited features is posted on Dotpharmacy (www.dotpharmacy.com).
- For further information contact Mary Prebble on 01732 377269.
- Just complete the registration form below, or phone Mary with your credit card details. PIN numbers will not be issued until January.

Please register me on **Pharmacyupdate** for 2003 and enter my name into the Update Knockout tournament. I enclose a cheque for £25.00, made payable to CMP Information.

Name _____

Address _____

Postcode _____

Daytime telephone number _____

☐ Tick this box and do not send any money if you are from Northern Ireland and registering under the NICPPET scheme

☐ Tick this box if you do not wish to take part in the Update Knockout

Send this completed form to: Mary Prebble, Pharmacy Projects, CMP Information, Sovereign House, Sovereign Way, Tonbridge, Kent TN9 1RW.

DoH keeps open mind on distance learning

Training for pharmacists taking up supplementary prescribing next spring is expected to be similar to that for extended nurse prescribing – 25 days' theory training and 12 days' supervised practice.

However, due to the current recruitment problems facing pharmacy, open learning, such as distance and computer-based learning, are not being ruled out, said Gul Root, the Department of Health's principal pharmaceutical officer.

Speaking at the London School of Pharmacy's 'Future of Pharmacy' conference last week, Mrs Root said the curriculum for supplementary prescribing training was likely to include topics such as pathology, consultation and assessment skills, physical examination skills and team working skills.

Training is expected to be in place by early 2003 for nurse supplementary prescribers and by spring 2003 for pharmacist prescribers.

Turning to clinical management plans (CMPs), Mrs Root said that the DoH will provide templates.

The templates, which are being developed with input from the National Prescribing Centre, would not, however, be imposed

Gul Root from the Department of Health said the current recruitment shortages within pharmacy meant that distance and computer-based training were not being ruled out



"There is no agenda whatsoever to restrict supplementary prescribing"

upon healthcare professionals.

"You don't have to follow these; you can use your own," she said.

Within CMPs, the level of delegation will depend both upon the professional relationship between the independent and supplementary prescriber and the skills and expertise of the pharmacist, she said.

Pharmacists have to realise that if they prescribe, they must take on clinical responsibility for their actions, said Mrs Root.

Independent prescribers will be

clinically responsible for their diagnosis, and the supplementary prescriber will take responsibility for prescribing, she added.

Pharmacists working in primary care or in GP practices on a sessional basis are likely to be the first to prescribe because it will be easier for them to access patient records, said Mrs Root.

However, she said: "There is no agenda whatsoever to restrict supplementary prescribing by pharmacists to any one group of pharmacists."

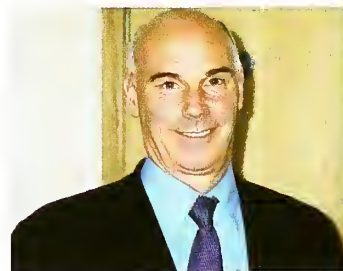
Pharmacists halve non-adherence

Pharmacists can use their communication skills to cut patients' non-adherence to medication regimes by 50 per cent.

A study by Professor Nick Barber, from the London School of Pharmacy, found that pharmacist interventions not only cut non-adherence in patients taking chronic medication but also increased patient satisfaction.

The results demonstrate that prescribing pharmacists must build communication skills into their skill set from the start, said Professor Barber. Pharmacists must communicate with patients to ensure the therapeutic end-point sought by the prescriber matches that of the patient.

In the study, carried out in 44 Moss Pharmacies, pharmacists telephoned nearly 400 patients 14 days after they were prescribed chronic medication to assess adherence and offer advice.



Professor Nick Barber: pharmacist interventions cut non-adherence

Practicalities of supplementary prescribing need addressing

Practical challenges hindering the implementation of supplementary prescribing need to be addressed quickly, delegates were told by Beth Taylor, NHS Modernisation Board member, and specialist principal pharmacist for community care, London and South East regions.

Pharmacists should consider how the theory of supplementary prescribing might be put into practice. Ms Taylor identified several of the implementation issues that pharmacists may face:

- access to a common health record
- setting up of clinical management plans
- joining up medical, nursing and pharmacy prescribing practice

● communication with health colleagues.

Ms Taylor suggested that patient-held records could be used to give pharmacists access to



Beth Taylor: "Clinical management plans needn't be great tomes"

records – an option being discussed by the Department of Health. But there is a real fear in primary care about the workload involved in setting up clinical management plans, she said.

"People are beginning to see the clinical management plan as an additional layer of bureaucracy."

Despite this, Ms Taylor said she did not expect CMPs to be "great tomes". They should, however, cover all the key areas, such as the range of drugs to be prescribed, therapeutic categories, and when to refer back to the independent prescriber.

Communication between health professionals is a challenge, especially where practitioners are based on different sites, and access

to the *NHSnet* is a "fundamental driver here", said Ms Taylor.

"I am quite concerned that there's a lot of emphasis in community pharmacy, for instance on things like electronic transfer of prescriptions, when actually the underlying issue about taking pharmacy forward is much more tied up with linking pharmacists to the *NHSnet*."

The relative advantages and disadvantages of supplementary prescribing, independent nurse prescribing and PGDs are listed in the September issue of *Community Health Medicines Update*.

For more information:

www.druginfozone.org/Publications/CSP/N/cspn.html

The following information is for general information only. It is not intended to be used as a substitute for professional medical advice. Always consult your doctor or pharmacist for advice on the use of any medicine.

For children aged 12 years and over: 5ml = 1/8 teaspoon. For children aged 6-12 years: 5ml = 1/4 teaspoon. For very dry skin: 2-3 times the above quantities can be used. Add to bath water. Generally, 2-3 baths should be taken weekly. For babies and infants a daily bath is recommended.

Contraindications: None known.

Warnings: None known.

Interactions: None known.

Side effects: None known.

Storage: Store in a cool, dry place.

Expiry date: 3 years.

Batch number: CH58K02-01.



It's important
 to have the right food.

Balneum is the only range of emollients to use soya oil, which contains unsaturated fatty acids similar to those found in normal healthy skin, but often missing from dry skin. So, by giving your patients Balneum, you're making sure their skin gets just the sort of food it needs.

Balneum
 soya



A record turnout at the NCPA's annual meeting gave pharmacists a chance to air their concerns about the pressures they face.

Tony de Nicola reports

The National Community Pharmacists Association (NCPA) recently held its annual meeting in Nashville, Tennessee. This is the US equivalent of the National Pharmaceutical Association and this meeting was the most well-attended in the NCPA's history. US participants were joined by overseas delegates, including David and Sue Sharpe and a large contingent of Australian pharmacy owners. As always, the important issues of the day were debated at great length. These included:

- the newly implemented patient privacy legislation, known as HIPAA (the Health Insurance Portability and Privacy Act)
- the still pending Medicare prescription program
- increased importing of prescription drugs from Canada and possibly other markets
- the lack of successors for current independent owners.

HIPPA is the most far-reaching piece of federal healthcare legislation ever passed in the USA. For pharmacy, the key issues include the necessity to install new computer standards for data transmission by late this year, to appoint a 'privacy officer', to possibly re-engineer the pharmacy to avoid unnecessary disclosure of patient information and, most importantly, to have every patient sign a form indicating their understanding of these new privacy procedures.

The proposed Medicare prescription drug program is still in limbo. Simply put, the cost of providing prescription drugs to America's large and ever-growing community of pensioners (37 million) is astronomical. The multi-billion dollar price tag has everyone concerned: legislators, pharmacists, manufacturers and employers. The pressure on legislators is clear – create legislation that



Talking turkey in Tennessee

will provide free or highly subsidised medication for pensioners. While the federal government has stalled on this issue, some states (around 20 and growing) are passing laws which subsidise the poorest.

In the meantime, a growing number of US pensioners are beginning to get their prescriptions from other countries, most specifically Canada, where prices of branded single-source products are far below those in the US. This unfortunate trend seems to hit the front pages of many US newspapers almost daily. As Canadian prices can be between 20 and 60 per cent below those of the US, the pressure to do something about this is becoming intense.

Dozens of companies that facilitate this activity are currently springing up all over the country. Previously, this activity was mostly limited to consumers in border states, who would travel a few miles to Canada, see a physician there, and then buy their prescription products in Canadian pharmacies before returning home. Now, a mail order component has been added and, while patients are not actually visiting physicians, they are somehow able to access their medications from Canadian pharmacies, at the same low prices. This is causing much consternation among

US pharmacists who are losing business.

Finally, the growing concern about who will own and operate America's independent community pharmacies in the future has become a top priority. As many in the UK may know and can relate to, we have a large and growing shortage of pharmacists in the US: 7,000 at the moment. When this is coupled with the fact that more than 60 per cent of America's independent owners are over the age of 50 and contemplating retirement, it is a disaster for independent ownership.

The NCPA recently announced an initiative to explore ways in which young pharmacists can be encouraged to consider independent ownership. It is launching a year-long program to develop ways to offer financial help to those who want to become owners. In addition, there will be a focus on educating pharmacy students about the options and opportunities in independent retail pharmacy.

Unfortunately, our pharmacy schools are currently not educating, or even talking about this option, as the number of years needed to become a pharmacist continues to increase; so the educational focus remains highly clinical.

In short, a never-ending list of important (some would say critical) issues continues to face US pharmacists. Watch this space. ☺

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Legal status: P Further information available from: e-mail customer.relations@GSK.com phone 020 8047 2700 post GlaxoSmithKline Consumer Healthcare, 980 Great West Road, Brentford, TW8 9GS, U.K. ¹Taylor Nelson Solres Healthcare, Nov 2001 ²Julie Davey Research, May 2000.



Paracetamol, Caffeine,
Codeine

Mark Greener describes the differences between these two common skin conditions

Acne or rosacea?



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1254), in association with multiple choice questions being published in C&D December 7, provides one hour's continuing education

Objectives

- To be aware how symptoms of acne differ from rosacea
- To be aware of possible causes of acne or rosacea
- To be able to distinguish rosacea from similar skin conditions
- To revise treatments for acne and rosacea
- To know what lifestyle advice to give to sufferers

Rembrandt's 1659 self-portrait was, at least, honest. He painted his papules and pustules, the spidery blotch under his right eye and his bulbous nose with coarse skin. We would now recognise these as hallmarks of rosacea.¹ Its old name – acne rosacea – suggests a link to the pimples most of us suffered as teenagers. However, acne and rosacea differ markedly in pathogenesis, symptoms and treatment.

How common?

Estimating acne's prevalence is surprisingly difficult. There's no universally accepted acne classification and increasingly effective OTC treatments reduce the number of sufferers that present to doctors.

Nevertheless, a recent UK study² found that half the children aged between 14 and 16 years suffered from acne. Eleven per cent endured moderate to severe acne. And while acne tends to be a disease of adolescence, it often persists into adulthood.

Similarly, rosacea is relatively common, accounting for around 1.6 per cent of cases presenting to a UK dermatology clinic.³ An American study⁴ found that 96 per cent of rosacea patients are Caucasian. Women accounted for 69 per cent of consultations and their average age was 50 years. Further community-based studies are needed to assess rosacea's current prevalence in the UK.

What causes acne and rosacea?

Acne arises in pilosebaceous units, driven by hormonal changes and bacterial infection. Blackheads



Rembrandt's mastery of portraiture extended to an unflinchingly accurate depiction of his own face which exhibits all the features of what we would recognise today as rosacea

and whiteheads (open and closed comedones respectively) occur when androgens, during adolescence, stimulate sebum overproduction and epithelial cell proliferation. The sebum and desquamated cells in comedones offer an ideal habitat for the proliferation of *Propionibacterium acnes*, one of a number of bacteria normally found on skin. *P. acnes* can convert sebum to free fatty acids, which can provoke an immune response.

As a result, patients tend to suffer from a mixture of non-inflammatory comedones and

inflammatory papules and pustules.⁵ Most heal without scarring, but cysts can form if sebaceous secretions cannot escape or if a blackhead is squeezed. Ruptured pimples can form an abscess that can scar.

Acne's effects can be more than skin deep. It can cause considerable psychological trauma, underlining the importance of ensuring sufferers receive effective treatment.

Although dermatologists don't fully understand rosacea's pathogenesis, *P. acnes* isn't involved. Female hormones play a

role, while stress and alcohol can exacerbate the symptoms. Indeed, the French called rosacea *pustule de vin* – pimples of wine.

Some recent studies implicate *Helicobacter pylori*, although the association is controversial. Two studies exemplify this. Utas et al⁶ found that eradicating *H. pylori* reduced rosacea severity. Nevertheless, there was no difference in the proportion of rosacea sufferers and controls testing seropositive for *H. pylori*.

In contrast, Herr et al⁷ found that eradicating *H. pylori* did not reduce the intensity of erythema. Papules and pustules improved, but the authors commented that this might be independent of *H. pylori* eradication. Clearly, the jury is still out.

Diagnosing rosacea

Diagnosing rosacea can be difficult. It is important to refer patients to a doctor at an early stage. Rosacea often gets steadily worse and more difficult to treat.

Rosacea usually begins as erythema on the cheeks, nose, chin, forehead or, in particular, around the middle of the face, sometimes in a "butterfly" pattern round the eyes. At first, the erythema may wax and wane. Over time, it persists and patients develop telangiectasia (thin, spidery blood vessels), papules, pustules and lymphoedema.⁸

Connective tissue abnormalities combined with enlarged, malfunctioning sebaceous glands cause the characteristic bulbous nose, known as rhinophyma.

Blepharoconjunctivitis can

Continued on page 22 ►

Symptoms of Rosacea include erythema on the cheeks, nose, chin or forehead. It can be particularly bad around the middle of the face, forming a pattern around the eyes. The condition can persist, becoming more difficult to treat, eventually leading to papules, pustules, and a bulbous nose, known as rhinophyma



produce a feeling that sufferers have a foreign body in their eye or a burning sensation. Patients tended to show ocular telangiectasia (an increase in the size and number of small blood vessels in the skin), irregular lid margins and abnormalities in the eyelid meibomian glands.⁹

The pustules may lead to confusion with acne, but patients with rosacea don't show comedones. Other conditions that can mimic, as well as exacerbate, rosacea include seborrhoeic eczema, dermatitis around the mouth and lupus erythematosus. Atopic eczema tends to present as itchy red, weeping and crusted lesions. Contact dermatitis often presents as redness and swelling, although itching and vesiculation are also common. Lupus erythematosus is relatively uncommon; the non-itching, non-painful lesions are well-defined plaques with scaling and background redness on the cheeks. Rosacea can also be confused with allergy, and may initially develop from allergic reactions. However, the characteristic facial pattern can be a distinguishing factor. Obviously, if you are in any doubt, refer the patient to a GP.

Treating acne

Benzoyl peroxide is effective against both comedones and inflamed spots. Patients should start with lower concentrations and then increase gradually. A few patients develop local skin irritation, although this often subsides if treatment continues. Acne might take a few weeks to improve. But if acne does not

markedly improve after two months, refer to a GP. Topical antibacterials are probably best reserved for patients suffering moderate to severe or unresponsive acne who either cannot tolerate or refuse oral antibiotics.

Currently, tetracyclines are the preferred oral antibiotics, largely reflecting the availability of cheap generic formulations. However, formularies need to include alternatives for:

- patients who fail to respond adequately
- patients who do not comply with the three or four times daily regimens
- patients in whom lifestyle factors – such as food and milk – influence the pharmacokinetics of some tetracyclines.

Minocycline is one alternative. However, rare serious side effects, such as vestibular disturbances and blue-black hyperpigmentation influence treatment choice, as therapy is often prolonged¹⁰ and acne is not life threatening.

Moreover, the evidence base is relatively weak. A *Cochrane* review¹¹ found that much of the evidence is "of poor quality". There was no "reliable" evidence from randomised controlled studies that minocycline should be used first-line – in particular given the price and the safety concerns.

Lymecycline is another possibility. Lymecycline is metabolised to tetracycline in the gastro-intestinal tract. So 408mg lymecycline is equivalent to 300mg tetracycline base. Several studies show that lymecycline is an effective alternative to minocycline. Cunliffe and

colleagues¹⁰ compared:

- 408mg lymecycline daily for two weeks, followed by 150mg daily for 10 weeks
- minocycline 100mg daily for two weeks, followed by 100mg every other day for 10 weeks.

The two regimens showed similar efficacy in terms of reducing lesion count or improving acne severity. However, 6.1 and 3.1 per cent of investigators and patients respectively considered that lymecycline cleared the acne. In contrast, no investigator or patient considered that minocycline cleared acne.

Retinoids

Topical retinoids – tretinoin, isotretinoin and adapalene – have emerged as an alternative first-line therapy for mild to moderate acne, especially against comedones. Retinoids normalise differentiation of skin cells, reduce white cell chemotaxis and are potent anti-inflammatories. Retinoids are also synergistic with antimicrobials and benzoyl peroxide.

Shalita et al.¹² compared adapalene gel 0.1 per cent and tretinoin gel 0.025 per cent in 323 acne patients. Patients applied the gels to their face for 12 weeks. Adapalene emerged as superior to tretinoin as early as the second week of treatment. Mild dermatitis was the only side effect. However, patients tolerated adapalene better than tretinoin. Several other studies suggest that retinoids offer an effective, well-tolerated, first-line treatment for mild to moderate acne. (Systemic retinoids, prescribed by dermatologists, are outside the scope of this feature.)

Treating rosacea

Community pharmacists should refer any suspected rosacea cases to the GP. Oral antibiotics can resolve inflammatory spots, erythema and, possibly, ocular symptoms. However, antibiotics are prescribed for relatively protracted courses, which increases the risk of side effects and drug-drug interactions.

Topical antibiotics might offer an alternative to oral therapy. Eight week's treatment with 1 per cent metronidazole in an emollient cream is as effective as 250mg oral tetracycline twice daily. Topical metronidazole seems to reduce the number of inflammatory spots and erythema as effectively as oral tetracyclines¹³.

NiQuitin CQ 2 or 4mg Mint Gum Product Information. Presentation: Chewing gum containing 2 or 4mg nicotine. **Indication:** Relief of nicotine withdrawal symptoms as an aid to smoking cessation. **Dosage:** Chew slowly according to instructions. **Adults only:** 4mg gum if time to first cigarette \leq 30 minutes of waking. 2mg strength for those who wait longer. Use whenever urge to smoke. Smoking should be stopped completely. Use 8-12 gums daily, up to maximum of 15. After three months gradually reduce gum use. When daily use is 1-2 gums, use should be stopped. 2mg gum can be used during withdrawal from 4mg. **Contraindications:** Hypersensitivity to nicotine or other ingredients. Pregnancy and lactation.

Precautions: Angina or history of cardiovascular disease (especially angina, arrhythmias or myocardial infarction within last 3 months), diabetes mellitus, hyperthyroidism, phaeochromocytoma, denture wearers. Transferred dependence is a rare side-effect and is both less harmful and easier to break than smoking dependence. Swallowed nicotine may exacerbate gastritis or peptic ulcers. **Interactions:** None known. **Undesirable Effects:** Initially slight throat irritation, increased salivation, hiccuping. Dizziness, headache, nausea, gastro-intestinal discomfort, sore/aching mouth or throat, palpitation, atrial fibrillation, erythema, allergic reactions such as angio-oedema, urticaria, and ulcerative stomatitis. **Legal Category:** GSL. **Product licence number:** PL 00079/0376/7. **Product licence holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 96's £17.49, 24's £5.69, 12's £2.99. **Date of last revision:** August 2002.

References:

1. Jarvis MJ, Sutherland G. Tobacco Smoking. In *Comprehensive Clinical Psychology*, Bellack AS, Hersen M eds, Pergamon, New York, 1998, p. 653.
2. Herrera N, Franco R, Herrera L et al. *Chest* 1995; **108**: 447-451.
3. Silagy C, Mant D, Fowler G et al. Nicotine replacement therapy for smoking cessation (*Cochrane Review*). In: *The Cochrane Library*, Issue 1, 2001. Oxford: Update Software.

NiQuitin CQ, CQ and Committed Quitters are registered trade marks of the GlaxoSmithKline Group of companies.



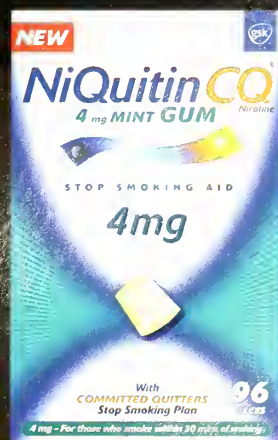
Continued on page 24 ►

Help them cut out smoking altogether



Why is this new gum different from any other? NiQuitin CQ Mint Gum, in contrast to other nicotine gums, is dosed according to Time To First Cigarette of the day. This is possibly the best single indicator of tobacco dependence,¹ ensuring people get the appropriate strength of gum according to their need. By recommending 4mg gum to heavily-dependent smokers,* you can significantly improve their chances of success.^{2,3}

*Defined as those who smoke within 30 minutes of waking



Chew to Quit

Nicotine

As well as adverse physical effects, the negative impact acne can have on a person's appearance can cause considerable psychological trauma, making the need for effective treatment even more important



Given that rosacea's pathogenesis is so poorly understood, it is perhaps not surprising that researchers do not understand metronidazole's action in rosacea. Metronidazole might work with palmitoleic acid, a skin component, to reduce generation of oxygen-free radicals from neutrophils, which drives inflammation. However, there is no doubt that the drug produces a "remarkable improvement".¹⁴

Topical steroids should not be used. While they may help at first, withdrawal can result in a severe flare. If severe rosacea does not improve after antibiotics, the GP might refer to a dermatologist. Rhinophyma might require cosmetic surgery. In the most common operation, surgeons "shave" the abnormal tissue away using a scalpel. Lasers can also improve the appearance of rhinophyma and can effectively treat telangiectasia.

Lifestyle advice

Despite the plethora of myths surrounding acne, most lifestyle factors seem to have little effect on its severity. Rarely corticosteroids, anabolic steroids, lithium and some oral contraceptives cause acne.⁵ But diet – even chocolate and burgers – seems not to influence acne severity.

Acne may get better in sunlight and severity may vary over the course of the menstrual cycle. Cosmetics seem to have little impact, but it seems sensible to avoid greasy preparations.

Rosacea patients should avoid anything that can exacerbate symptoms, such as caffeine, spicy foods, alcohol, hot drinks and stress. It might help to suggest that patients keep a diary of what makes the rosacea worse, so they can avoid these triggers.

Suggest that they use fragrance-free hypo-allergenic skincare products. Any containing alcohol, witch hazel, menthol, peppermint or eucalyptus can cause irritation. Green tinted creams applied with foundation on top can hide redness.

Acne and rosacea are common. Although they're often thought of as being similar, they differ markedly in treatment and their symptoms. However, through a combination of judicious use of OTC products and appropriate referral, community pharmacists can do much to alleviate the distress caused by these often disfiguring conditions.

References

1. Espinel CH *A medical evaluation of Rembrandt. His self-portrait: ageing, disease, and the language of*

the skin Lancet 1997;350:1835-37
2. Smithard A, Glazebrook C and Williams HC *Acne prevalence, knowledge about acne and psychological morbidity in mid-adolescence: a community-based study. Br J Dermatol* 2001;145:274-9

3. Doe PT, Asiedu A, Acheampong JW, et al *Skin diseases in Ghana and the UK. Int J Dermatol* 2001;40:323-6

4. Feldman SR, Hollar CB, Gupta AK, et al *Women commonly seek care for rosacea: dermatologists frequently provide the care Cutis* 2001;68:156-60

5. Russell JF *Topical Therapy for Acne Am Family Physician* 2000;61:357-66

6. Ulas S, Ozbakir O, Turasan A, et al *Helicobacter pylori eradication treatment reduces the severity of rosacea. J Am Acad Dermatol* 1999;40:433-5

7. Herr H and Yon CH *Relationship between Helicobacter pylori and rosacea: it may be a myth J Korean Med Sci* 2000;15:551-4

8. Thissen MR and Nennmann HA *Rosacea in 2001. Ned Tijdschr Geneeskde* 2001;145:1778-82

9. Akpek EK, Merchant A, Pinar V, et al *Ocular rosacea: patient characteristics and follow-up. Ophthalmology* 1997;104:1863-7

10. Cunliffe W, Grosshans E, Belaich S et al *A comparison of the efficacy and safety of tetracycline and minocycline in patients with moderately severe acne vulgaris Eur J Dermatol* 1998;8:161-6

11. Garner SE, Eady EA, Popescu C et al *Minocycline for acne vulgaris: efficacy and safety (Cochrane Review) in The Cochrane Library issue 4 2001 Oxford: Update Software*

12. Shalita A, Weiss JS, Chalker DK, et al *A comparison of the efficacy and safety of adapalene gel 0.1 per cent and tretinoin gel 0.025 per cent in the treatment of acne vulgaris: a multicenter trial J Am Acad Dermatol* 1996;34:482-5

13. McClellan KJ and Noble S *Topical metronidazole: a review of its use in rosacea. Am J Clin Dermatol* 2000;1:191-9

14. Akamatsu H, Oguchi M, Nishijima S et al *The inhibition of*

free radical generation by human neutrophils through the synergistic effects of metronidazole with palmitoleic acid: a possible mechanism of action of metronidazole in rosacea and acne. Arch Dermatol Res 1990;282:449-54

Mark Greener, a former research pharmacologist, now works as a medical writer and journalist. He is the author of numerous articles and several books on health-related issues.

Actionplan

1. Carry out a simple survey in your pharmacy. Record in your practice workbook each patient you see with simple acne or rosacea. Note their age group and sex. How do your results compare with the statements in the article?
2. Think about the non-drug advice you would give a patient with simple acne. Record this in your practice workbook and discuss it with your assistants.
3. Why would you advise use of a drug? What side actions would require comment to the patient?
4. List in your practice workbook the OTC treatments you stock for acne. Arrange them in groups related to their active ingredients. Now consider which are your "products of choice". Discuss this list, together with non-drug advice, with your assistants and agree how you would respond to a request for help on acne.
5. Patients often mention food/lifestyle beliefs about the causes and cures for acne. Note these in your practice workbook. Do you believe these reports or the article (which states foods, etc, have little effect on the condition)?
6. Find out how effective is the traditional medical treatment of rosacea. Find out about alternative treatments of rosacea. Are they effective? Have they been subjected to critical testing? With what result?

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the December 7 issue, which will cover this week's CPP-accredited modules, together with those in the November 2 and 9 issues.

These will cover:

● Osteoarthritis part 2 (1252) ● Sprains and strains (1253) ● Acne and rosacea (1254).

A telephone marking service offers independent verification of results – details on the monthly MCQ papers.

People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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Scriptlines

Serevent pack size grows

Allen & Hanburys has increased the pack size of Serevent (salmeterol 50mcg) Diskhaler from 56 to 60 doses. Both diskhaler and refill pack now contain 15 rotadisks with four doses per disk.

Price: £35.28 (diskhaler), £34.65 (refill pack)

Pack size: 15x4 doses

Pip code: diskhaler 290-9281, refill 290-9299

Allen & Hanburys
Tel: 0208 990 9000.

Sustiva and St John's wort

The concomitant use of St John's wort and Sustiva (efavirenz) is now an absolute contraindication, says Bristol-Myers Squibb.

St John's wort can lead to decreased plasma concentrations and reduced clinical effects of Sustiva.

Interactions with other drugs, including carbamazepine, paroxetine, fluoxetine, sertraline, ceftriaxone and lorazepam, have also been updated in Sustiva's SmPC.

For more information:

Bristol-Myers Squibb
Tel: 01244 586100.

Antipsychotics may increase cardiac risk

Patients with schizophrenia who take antipsychotic drugs are more likely to have a cardiac arrest than non-schizophrenic patients, according to a study in this week's *BMJ*.

The American cohort study of outpatients treated in the Medicaid programme compared the risk of cardiac arrest in patients taking clozapine, haloperidol, risperidone or

thioridazine with control groups of patients with glaucoma or psoriasis.

There were higher rates of cardiac arrest and ventricular arrhythmia in patients with schizophrenia, but the authors of the study say this could be due to the disease or the treatment.

Overall the risk with thioridazine was no worse than that with haloperidol but at higher

doses (more than 600mg thioridazine) there was an increased risk of events, although this finding could have been due to chance.

To reduce cardiac risk thioridazine should be prescribed at the lowest dose needed to obtain an optimal therapeutic effect.

For more information:

BMJ 2002; 325: 1070-2

Autism and MMR not linked

A study of all children born in Denmark from January 1991 to December 1998 provides strong evidence that there is no link between autism and the measles, mumps and rubella vaccination.

Of the 537,303 children in the cohort, 82 per cent had received the MMR vaccine.

A diagnosis of autistic disorder was made in 316 children and autistic spectrum disorder in 422 children.

After adjusting for potential confounders, the relative risk of

autistic disorder in the group of vaccinated children was 0.92, as compared with the unvaccinated group, and the relative risk of another autistic spectrum disorder was 0.83.

There was no association between the age at the time of vaccination, the time that had elapsed since vaccination, or the date of vaccination and the development of autistic disorders.

For more information:

NEJM 2002; 347 No 19: 1477-82



Scotland approves fish oils for patients



The Scottish Medicines Consortium has approved Omacor (omega-3-acid ethyl esters) for use in NHS Scotland as an add-on treatment in secondary prevention of myocardial infarction.

The SMC says that, while cost effectiveness seems to be acceptable, NHS Boards should consider the product alongside

other effective approaches to secondary prevention of cardiovascular disease, "always keeping in mind alternative dietary methods of obtaining fish oil supplementation".

Omacor contains DHA 380mg and EPA 460mg in a 1g capsule, equivalent to 53g herring or 70g salmon daily.

High INR ups mortality rate

Mortality from all causes of death is strongly related to people with a high international normalised ratio (INR) according to a Swedish study in the *BMJ*.

Less intensive treatment and keeping the INR between 2.2-2.3, irrespective of the indication for treatment, should be attained to reduce the excess mortality.

Records for more than 42,000 patients at 46 anticoagulation clinics in Sweden were studied to examine deaths from all causes and intracranial haemorrhage.

The minimal risk of death was attained at an INR of 2.2 for all patients and 2.3 for patients with mechanical heart valve prostheses. With an increase of one unit above 2.5 the risks of death from cerebral bleeding and from any cause were about doubled.

More preventive actions should be taken to avoid episodes of high INR, conclude the authors.

For more information:

BMJ 2002; 325: 1073-5

Methotrexate for RA is 'sub optimal'

The treatment of rheumatoid arthritis with methotrexate has been described as "too little, too late and too long to treatment change", by researchers in the *Journal of Rheumatology*.

A study of 437 patients showed that before starting treatment with methotrexate the average patient had suffered with RA for 16.7 years and was described as having moderately severe disability.

Slow upwards titration of doses meant that it took a long time for the maximum benefit to be gained from using the drug. The study

also suggests that patients should be maintained on the optimal dose for longer.

One of the researchers told Reuters Health:

"When methotrexate is used aggressively we get results that are not so different from those achieved with the newest therapeutic agents for RA at a fraction of the cost." He also suggested that doses

of up to 22.5mg weekly may be needed.

For more information:

J Rheum 2002; 29: 2084-91



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administration:** Adults,
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Apply to the affected
part two or
three times daily.
Contra-indications:
E45 Cream should not
be used by patients
who are sensitive to
any of the ingredients.
Undesirable effects:
Occasionally,
hypersensitivity
reactions otherwise
known as contact
allergy, but should they
occur, may take the
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Should this occur, use
of the product should be
discontinued. **Packaging
quantities:** 50g tube,
125g and 500g tube.
Basic NHS cost: 50g
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GSL. **Product licence
number:** PL 0327/5904.
**Product
holder:** Crookes
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Nottingham NG2 3PL.
Date of preparation:
October 2006
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1. *British Pharmaceutical
Compendium* 2006
2. *British Pharmaceutical
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3. *British Pharmaceutical
Compendium* 2006
4. *British Pharmaceutical
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5. *British Pharmaceutical
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The image displays four white plastic bottles of 'DERMATOLOGICAL 45' products against a warm, yellow-orange background. From left to right, the bottles are: 'Wash', 'Lotion', 'Cream', and 'Bath'. Each bottle features a white pump dispenser and a purple oval logo with 'E45' in white. The 'Lotion' bottle has additional text: 'All', 'Fragrance & Perfume Free', 'Waterproof', and 'Non-Irritating'. The 'Cream' bottle has the word 'Cream' printed below the logo. The 'Bath' bottle has the word 'Bath' printed above the logo. At the bottom of each bottle, there is a small line of text: 'Dermatological 45, Inc. New York, N.Y. 10017'.

Frontshop

Oilatum thinks big for children

Stiefel Laboratories is introducing Oilatum Junior Cream in a large pump dispenser.

The new pack is designed to provide parents with an easy-to-use, hygienic dispenser for use at home.

The cream is formulated to help relieve the discomfort of children and babies' dry, itchy skin, particularly after a bath.

Stiefel believes that current users of the 150g tube of Oilatum Junior Cream will trade up to the value-for-money pump dispenser.

The company has introduced an easy-to-follow guide, *Skin Fact File*, to provide details about many common skin conditions and potential solutions.

Limited quantities of the A5 ringbound file are available to the trade.



Price: £7.20

Pack size: 350ml

Pip code: 285-5633

Stiefel Laboratories (UK) Ltd

Tel: 01628 524966.

Blink and drops will open eyes

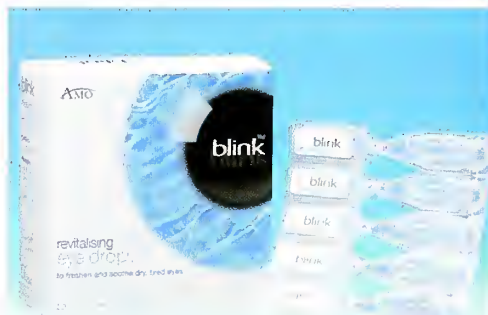
Advanced Medical Optics is launching a range of eye drops into pharmacies for contact lens wearers.

Blink Revitalising Eye Drops are formulated to instantly freshen and soothe the eyes of contact lens wearers, particularly those prone to the feeling of dry, tired eyes.

The drops contain polyvinyl alcohol (1.4 per cent) in a low viscosity, non-blurring solution.

The product is formulated to work with all three layers of the tear film to boost the natural defences of the eyes.

The drops come in two presentations – a preservative-free unit dose and a multi-dose preserved with stabilised sodium chlorite.



The launch will be supported by a major sampling campaign.

Pharmacists will be supplied with an on-going supply of samples, patient literature and point of sale material.

Price: £3.99

Pack size: multi-dose 10ml, unit dose 20x 0.5 ml

Pip code: multi-dose 290-1254, unit

dose 290-1262

AMO (UK) Ltd

Tel: 01628 551600.

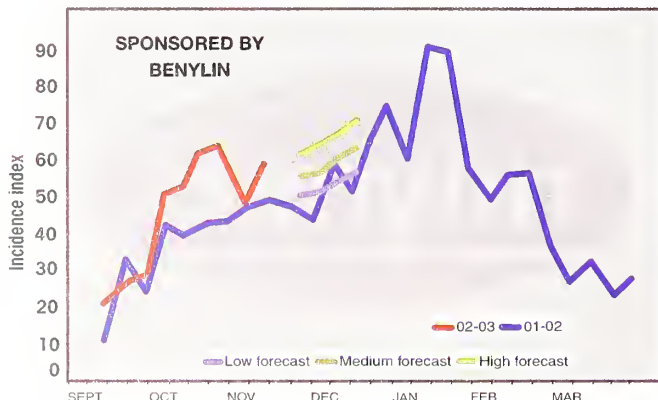
Cough, cold & flu FORECAST



KEY FACTS

- Birmingham and Manchester have both gone to Pre-Alert status.
- London, Norwich and Bristol are expected to go to Alert status within the month.
- In the last seven days, incidence of all cold and flu symptoms has dramatically increased.

Information updated weekly by SDI



Lemsip is all set for winter

Reckitt Benckiser is investing £5 million in a TV, press and poster advertising campaign for Lemsip to coincide with the peak cold and flu season.

On air nationally until February, the TV campaign features two new commercials that support the brand's latest additions – Lemsip Cold+Flu Max Strength Direct Lemon and Lemsip Max Strength Sinus Relief Capsules.

The Lemsip Children's range is being backed by press advertising in women's magazines until January.

Targeted at mothers, the advertising features Lemsip

Children's Six+ Cold & Flu Relief and Lemsip Children's Vapo-Patches.

A quirky five-week outdoor advertising campaign will run in London during December to support the launch of Max Strength Direct.

● Lemsip National Flu Week runs from November 18-25. The initiative aims to create awareness of how to help avoid the misery of a cold or flu this winter. It will include a nationwide awareness campaign targeted at commuters.

For more information:

Reckitt Benckiser plc

Tel: 01482 326151.

Roll on to the rescue

Australian Bodycare will launch a roll on natural healing treatment for spots, cuts, bites and burns in January.

Roll on Rescue contains 5 per cent blended tea tree oil. It comes in a small glass bottle with a hygienic roller ball.

The bottle is small enough to

fit into a pocket or the smallest bag.

Applied directly onto the affected area, the product can be used all day and night.

Price: £3.99

Pack size: 10ml

Australian Body Care Ltd

Tel: 01892 750888.

WARNING:

Do not sell this man a cold remedy.

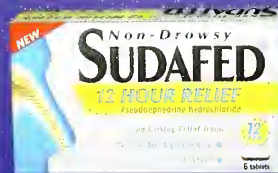


When everything points to blocked sinuses, take Sudafed.[®]

When customers complain of these symptoms, the majority think it's a cold or flu. Fact is, only 7% identify themselves as sinus-sufferers. While other, non-specific remedies may provide temporary relief, the true cause of these symptoms is blocked sinuses, which Sudafed targets directly.



*contains Pseudoephedrine



*contains Pseudoephedrine



*contains Pseudoephedrine and Ibuprofen



Sudafed is a registered trademark of Pfizer Consumer Healthcare.

Non-Drowsy Sudafed Decongestant Tablets. **Presentation:** Contains 60mg Pseudoephedrine **Uses:** relief of nasal congestion and symptomatic relief of conditions such as allergic rhinitis and vasomotor rhinitis. **Dosage** Adults and children over 12 years: 1 tablet every 4 – 6 hours up to 4 times a day. **Contra-indications:** Hypersensitivity, severe hypertension or coronary artery disease, and patients who have taken MAOIs within 14 days. **Precautions:** Caution in hypertension, heart disease, diabetes, hyperthyroidism, elevated intraocular pressure, & prostatic enlargement. Caution with anti-hypertensive drugs, tricyclic antidepressants and sympathomimetic agents and severe renal or hepatic impairment. Caution during pregnancy and lactation. **Side and adverse effects:** Sleep disturbance and rarely hallucinations. Skin rashes have occasionally been reported. **SRP (ex-VAT):** 12s £1.69, 24s £2.89 **Legal category:** P. **PL holder:** Pfizer Consumer Healthcare, Chestnut, Eastleigh, SO53 3ZQ. **PL Number:** tablets: 15513/0024 **Date of preparation:** July 2002.

Non-Drowsy SUDAFED 12 Hour Relief. **Presentation:** Modified release tablet containing 120mg pseudoephedrine hydrochloride. **Uses:** symptomatic relief of allergic rhinitis, common cold and influenza. **Dosage and administration:** one tablet every 12 hours, maximum daily dose 2 tablets. Not suitable for children under 12 years. **Contra-indications:** hypersensitivity; hypertension; severe coronary artery disease; those who have taken MAOIs or furazolidone in preceding 14 days. **Precautions:** mild to moderate hypertension, renal impairment; severe hepatic impairment; heart disease; diabetes; hyperthyroidism; glaucoma; prostatic enlargement. **Interactions:** tricyclic antidepressants; other sympathomimetic agents. **Side effects:** sleep disturbance; skin rash; urinary retention. **Price (ex-VAT):** 6s £2.55; 12s £4.25. **Legal category:** P. **Further information:** Pfizer Consumer Healthcare, Eastleigh, SO53 3ZQ. Product authorisation number: 15513/0034. **Date of preparation:** July 2002.

Non-Drowsy Sudafed Dual Relief Max. **Presentation:** Tablets containing Pseudoephedrine HCl 30mg, and ibuprofen 200mg. **Uses:** Symptomatic relief of cold and flu symptoms including nasal & sinus congestion with headache, pain & fever. **Dosage:** Adults and children over 12 yrs: 1 or 2 tablets every 4-6 hours, max 6 per 24 hours. Under 12 yrs: Not recommended. **Contra-indications:** Hypersensitivity, heart disease, circulatory problems, kidney disease, peptic ulcers, hypertension, diabetes, phaeochromocytoma, closed angle glaucoma, concurrent or recent use of tricyclic antidepressants, or use of MAOIs in the past 2 weeks, allergy to aspirin or other NSAIDs, pregnancy, lactation. **Precautions:** Caution in asthma, thyroid disease, prostatic hypertrophy, renal or hepatic impairment. **Side effects:** Hypersensitivity, insomnia, dizziness, excitability, anxiety, tremor, palpitations, dry mouth, nausea, dyspepsia, GI bleeding, loss of appetite, thirst, skin rash, chest pains, and less frequently muscle weakness, difficulty in micturition, hallucinations and thrombocytopenia. **SRP (ex VAT):** 12s: £2.55, 24s: £3.99 **Legal category:** P. **PL holder:** Whitehall Laboratories, Hindercombe Lane South, Taplow, SL6 0PH **Further information is available from:** Pfizer Consumer Healthcare, Chestnut Avenue, Eastleigh, SO53 3ZQ. **PL number:** 00165/0109 **Date:** July 2002.



How to Order

Phone:

(01494) 567400

Fax:

(01494) 567401

Email:

RisperdalConsta@jacgb.jnj.com

EDi Ordering Available.

Please contact:

(01494) 567400

For further information
please call Medical Information:
0800 731 8450



03104b

Marketwatch

Frontshop

Nurture pregnant skin with Miriam Stoppard

Dr Miriam Stoppard, who is a trained dermatologist, has developed her own range of skincare products especially for pregnant women.

The Nurture range has initially been launched exclusively in House of Fraser stores and it will be available to pharmacies from November 20.

The five-product line-up includes Tummy Massage Oil, Pampering Body Lotion, Moisturising Body and Hair Wash, Refreshing Gel and Replenishing Hand Cream.

The range contains essential oils (including evening primrose and jojoba) safe for pregnant skin.

The dermatologically tested products are formulated with organic ingredients and do not include GM ingredients.



A travel pack that combines the entire range and an exfoliating glove is also available. It includes a leaflet written by Dr Stoppard covering topics of special interest to pregnant women.

The launch will be supported by point of sale material, including a leaflet stand and a window sticker.

Price: from £7.00 to £22.00

Miriam Stoppard LifeTime Ltd
Tel: 08700 505020.

Rimmel takes lashes to the limit

Coty plans to add a new lash-lengthening mascara into the Rimmel range for 2003.

Rimmel Endless Length & Lift Mascara is being introduced

exclusively in Boots on December 26 and it will be available to independent pharmacies from February.

The conditioning mascara is designed to accentuate the eyes by lifting and curving lashes. Formulated to be fast-drying and smudgeproof, it contains panthenol and vitamin E.

It features a 'star' brush that combines long, short and wavy bristles in longitudinal rows with short bristles to gently comb through the lashes.

The product is available in three shades of black – Jet Black, Brown Black and Soft Black. It is ophthalmologically tested and is suitable for sensitive eyes and contact lens wearers.

Price: £4.99

Coty (UK) Ltd
Tel: 020 8971 1300.



2 free
nostrils
with
every pack



Aren't all decongestants the same? No they're not. Because thanks to the gradual release of decongestant from its unique tiny time pills, just one Contac capsule can keep your nose clear for up to 12 hours. **No other decongestant lasts longer.**

Contac Non Drowsy 12 Hour Relief Capsules Product Information. Presentation: Clear capsule containing pink prolonged-release granules of Pseudoephedrine Hydrochloride 120 mg. Uses: Relief of congestion in allergic rhinitis, the common cold and influenza. Dosage and administration: Adults and the healthy elderly: 1 capsule in the morning and another at bedtime. Children under 12 years: Not recommended. Contraindications: Known hypersensitivity to ingredients, severe heart disease, and severe hypertension. Patients taking, or within two weeks of having taken, MAOI's. Precautions: To be used with caution in patients with mild to moderate hypertension, heart disease, diabetes, hyperthyroidism, pheochromocytoma, closed angle glaucoma, prostatic enlargement and moderate to severe renal impairment. Do not chew or crush capsule contents and do not take with any other products for the relief of colds, congestion or hayfever. Consult a doctor before taking this medication if receiving prescribed medicines or are pregnant or breast feeding. If symptoms persist consult a doctor. Do not exceed the stated dose. Co-administration with MAOI's may lead to hypertensive crisis. Concomitant use with tricyclic antidepressants, sympathomimetic agents or with MAOI's and furazolidone may occasionally cause a rise in blood pressure. Partial reversal of the hypotensive action of drugs known to interfere with sympathomimetic activity. Side effects: Rarely symptoms of central nervous system excitation including dizziness, dry mouth, sleep disturbances, nervousness, agitation and restlessness. Allergic cutaneous reactions, with or without systemic features, have been reported in association with the use of pseudoephedrine and urinary retention has been reported occasionally in men. Pregnancy and lactation: Do not use except with medical advice. Legal category: P. Product licence number: PL 00079/0375. Product licence holder: GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. Package quantity and RSP: 6 capsules £2.99; 12 capsules £4.85; 24 capsules £6.65. Date of revision: October 2002. Contac is a registered trademark of the GlaxoSmithKline Group of companies.



GlaxoSmithKline

Seven Seas flexes marketing muscle

Seven Seas NeutraTaste SportFlex will be in the public eye this winter backed by a £500,000 press and London Underground advertising campaign.

Designed to appeal to "people going about their normal life", the campaign is targeted at those aged 35+ who take part in sport or exercise.

The product is a combination of Omega-3 and multi-nutrients to

help keep the body flexible and supple.

The press advertising is appearing in national newspapers, womens' interest magazines plus some men's magazines such as *Men's Health* during November and December.

For more information:

Seven Seas Health Care Ltd
Tel: 01482 375234.



Family affair for Karvol

Crookes Healthcare is supporting Karvol with winter marketing aimed at raising awareness of the decongestant's suitability for the whole family.

The company hopes to drive recommendation amongst pharmacists and health visitors by building on the brand's Sleep Management Service.

Set up three years ago to help health visitors provide parents with support on sleep issues, the service is now being extended to deliver tailored advice to pharmacists.

For more information:

Crookes Healthcare Ltd
Tel: 0115 953 9922.

DVT concern goes sky high

Two-thirds of airline passengers now believe they are likely to suffer from deep vein thrombosis during long haul flights, according to new research.

A study commissioned by SSL International for Scholl Flight Socks found widespread awareness of DVT among those who had flown in the last year, with more than 90 per cent knowing about the condition.

Female passengers are more conscious of the dangers than men. Some 70 per cent of women thought they could be personally at risk on flights of four hours or more.

Almost a quarter of women also thought they were likely to suffer from DVT on

short haul journeys.

Despite such concern, almost a third of all passengers (32 per cent) admit they are still not taking simple precautions to avoid DVT occurring.

Rachel Kinsey, of SSL International, comments: "There are simple measures that can be taken to prevent DVT, such as wearing flight socks, doing leg exercises and drinking plenty of water to keep hydrated.

"It is vital for the health of passengers that they translate their concerns into positive action."

For more information:

SSL International plc
Tel: 0161 654 3000.

Calpol guide to jab pain

Pfizer Consumer Healthcare has produced a new guide to best practise for pharmacy staff on managing the pain and fever resulting from childhood immunisations.

Childhood Immunisations: The Essential Guide to Best Practice has been developed for Calpol in association with the NPA.

The guide provides an at-a-glance timetable of recommended immunisations and offers tips to pass on to parents.

It also includes advice on merchandising the paediatric analgesic medicine category.

For more information:

Pfizer Consumer Healthcare
Tel: 02380 628374.

TVnext week

Accu-Chek Compact: C4

Covonia: G, C5, GMTV, Sat

Macleans Ice Whitening: All areas except U, CTV

Multibionta: C4

Olbis: C5, GMTV, Sat

Sensodyne Total Care: All areas except U,CTV

Seven Seas Pure Cod Liver Oil: C4

Sudafed non-drowsy: All areas except U, GMTV

Tena Pants Discreet & Tena Lady: All areas except U,CTV, C4, C5

Zantac: All areas except U, CTV, GMTV

Zovirax: All areas except U, CTV, GMTV

PharmaSite for next week: Ultra Chloraseptic, Lancashire region, rest Sudafed - Window, Sudafed - In-store, Zovirax - Dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, C5-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

Benlyn Day and Night Cold Treatment

Presentation: Blister pack containing fifteen white film-coated tablets and five blue film-coated tablets in opaque blisters. Each white daytime tablet contains: 500mg Paracetamol and 60mg Pseudoephedrine HCl. Each blue night-time tablet contains: 500mg Paracetamol and 25mg Diphenhydramine HCl.

Uses: Symptomatic relief of colds and influenza.

Dosage: Adults and children over 12 years: 4 tablets should be taken daily - one white tablet every 4 to 6 hours during the day (no more than three white tablets a day) and one blue tablet at night. Do not take the night-time tablet during the day; Children: Not recommended under 12 yrs.

Contra-indications and Precautions:

Hypersensitivity, hyperthyroidism, hypertension, heart disease, liver disorders and pregnancy. Caution in diabetes mellitus. Not for use by patients who are taking, or who have taken MAOIs within the preceding two weeks. Avoid alcohol.

Side effects: May cause drowsiness, if affected do not drive or operate machinery. Paracetamol can cause skin rashes. Pseudoephedrine may give rise to sleep disturbance, urinary retention and skin rashes.

RSP (ex-VAT): £3.79.

Legal category: P.

PL holder: Pfizer Consumer Healthcare, Eastleigh, SO53 3ZQ. PL no: 15513/0045.

Date of preparation: Nov 2002.

Cold comfort — around the clock



At this very moment 930,000 people in the UK are likely to be suffering from a viral infection causing inflammation of the mucus membranes of the nose, throat and bronchial tubes. With a range of symptoms including: sore throat, sneezing, a blocked or streaming nose, watery eyes, headache, sinus pain and cough it is no wonder we call this virus the 'common cold'.

Cold viruses are in the air all the time and are generally spread by coughs and sneezes — an average sneeze can spread up to 100,000 virus particles over 30 feet!¹ It is also possible to catch the virus through contaminated fingers touching the nose or eyes.

With 200 known cold viruses it takes a long time to build up immunity to each virus and until then you are likely to contract between two and five colds a year¹.

Perhaps due to such frequency, a recent survey found that 47 per cent of people³ are loathed to take time out of their busy schedules to recover naturally from cold symptoms such as a cough. Instead they are demanding products that offer relief 24 hours a day. It's no surprise that winter remedies are the second most lucrative OTC category!

With this in mind, **Benylin**® — the UK's



number one brand of cough medicine³ — has reformulated its total relief brand **Benylin Day & Night**. The cold comfort favourite now contains 60mg pseudocphedrine — the decongestant most often recommended by pharmacists⁴ and GPs in the UK today.

Benylin's tried and trusted format hasn't changed though. The five-day cold treatment pack still contains 15 (3 x 5 days) non-sedating daytime tablets with a decongestant to clear the head and nose — deemed to be the most troublesome symptoms of a cold³, while paracetamol relieves body aches and pains and reduces temperature.

Meanwhile, the night time tablets have been specifically developed to help relieve symptoms quickly and therefore aid restful sleep.

Clocking your cold Day & Night

Benylin Day & Night is a unique five-day cold treatment designed to provide 'round the clock' relief.

Both the non-sedating daytime tablets and specific night time tablets relieve symptoms while the latter also aid restful sleep.

With those taking **Benylin** knocking two days off the average recovery time from a cold¹ it stands to reason that they are incredibly brand loyal. In fact, almost half of **Benylin** users (47 per cent)³ say they will actively search elsewhere if they cannot find **Benylin** in the first store they visit.

Shelf visibility of the brand is therefore vital to your pharmacy's business. To ensure you don't lose customers in this way, **Benylin** is being re-packaged in time for Christmas with new colour-coded packaging ensuring vibrant visibility and an up-to-date feel.

Benylin Day & Night is suitable for adults and children aged 12+.

References: 1.WARM 2.Benylin Cough Survey 3.IPSOS 4.IMS Data

Comfort facts

- 28 per cent of customers will seek pharmacy advice for a cold treatment
- 72 per cent of cold sufferers will choose a pharmacy over a grocery outlet to purchase their medication
- Only one in 10 use a product prescribed by a GP.

The most troublesome symptoms of a cold are streaming/runny nose (30 per cent), blocked nose (21 per cent) and cough (8 per cent)

IPSO

Are you sleeping comfortably?

- When a cold strikes, good, restful sleep is more important than ever. Here are some tips for your cold weary customers.
- Raise the head of the mattress slightly to promote easier breathing
- Keep plenty of fluids by the bed and sip when necessary to keep fluid levels up
- A bowl of water in the room will help keep the air from getting too dry and aggravating coughs.

VANTAGE pharmacy
At the Heart of the Community

This is the second in a series of 10 accredited features taken from the forthcoming book, *Mind Your Own Business*, written by Dr Terry Maguire. This feature is a summary of the chapter on 'Success, Vision and Strategic Planning'. The next feature will be a summary of the chapter on 'Preparing a Business Plan and Budget' and will be published in the December 21/28 issue. The book, which is supported by Vantage Pharmacy, will be distributed free with an issue of *C&D* later next year



Managing strategy

Vision is key to success. Dr Terry Maguire looks at success, vision and strategic planning

Three employee pharmacists working in their dispensaries are asked what they are doing. The first responds "counting tablets". The second responds "earning a living", and the third responds "building a chain of pharmacies". All have purpose, which is important to make us do things but the third pharmacist has a strong vision. Some people have a strong, inherent vision of what they want and take the necessary steps to achieve it. For those who do not it is possible to build that vision.

People are often limited by their imagination, experience or personal beliefs and this can lead to lack of wish fulfilment, a refusal to see reality or a failure to recognise the critical changes that are happening. It can also lead to them grabbing short-term solutions.

Businesses need vision. The person running the business is ultimately responsible for creating the vision and selling it to others and this activity describes the main difference between a manager and a leader.

Achieving the vision

Passion only truly comes from a vision. People work hardest when they know why they are doing the work.

A vision for a business doesn't just appear. It must be created through detailed analysis which takes considerable time and resources and this is perhaps why few of us bother.

An organisation's purpose is set out in its 'mission statement'. The mission statement addresses the underlying philosophy of why this organisation exists in the first place.

Writing your eulogy is the standard means of finding your personal purpose in life. It is a chilling experience but hugely rewarding. Imagine attending your own funeral and your friends, family, peers and



work colleagues are all there paying their last respects. Write a eulogy that you would like delivered by: a family member (not a spouse or partner - they know you too well!) a work colleague, a peer or fellow professional and a friend. What would you want each of them to say about you?

This powerful exercise should distil what is really important to you. Our real vision is born out of this fundamental purpose, our mission.

A business purpose should not only define the business, but also differentiate the business from its competitors. Mission statements are

more likely to excite, inspire and be remembered by staff who are responsible for ensuring that their objectives are delivered.

The mission statement for my pharmacies is:

"To optimise the health of our customers, and our local community, through the promotion of safe, effective and rational medicine use, provision of health advice and monitoring of disease management (pharmaceutical care) within an efficient business enterprise."

SWOT analysis

A SWOT analysis can help define purpose and assist in forming the vision. SWOT stands for:

- Strengths
- Weaknesses
- Opportunities and
- Threats.

Many people fail to appreciate that strengths and weaknesses are internal issues that apply to the business, while opportunities and threats refer to issues that are external to the business and relate to the environment in which the business operates.

Strengths – identify those issues that the individual or the business does well. It is best to hold onto your strengths and to build on them.

Weaknesses – every business has weaknesses. Once identified it becomes easier to ensure that weaknesses are changed where possible, or that their impact is minimised.

Opportunities – describe opportunities in the current market. This requires good knowledge of the environment in which the business operates.

Threats – there will always be threats from competitors and changes in the market. Market knowledge is essential.

PEST analysis

A PEST analysis is better for defining the future and therefore is more useful in advising the vision. A PEST analysis will help identify opportunities arising from trends in your area. PEST stands for:

- Political
- Economic/Environmental
- Social and
- Technological

Political – considers governmental matters such as changes in legislation.

Economic – forces include the effect of inflation, interest rates and exchange rates.

Starting or expanding a business at a time of low interest rates might seem easy but can become a major problem if interest rates change.

Environment – in recent times has been tagged onto Economic. This reflects the huge importance and impact of environmental issues on business.

Social – forces include changing demography, education etc. The elderly will account for about 20 per cent of the population by the year 2020. The opportunities for any healthcare business will be great.

Technology – such as modern communications will have a huge impact on our lives. The location of businesses in the future will be less important as communications reduce the importance of location.

The vision statement for my pharmacies is:

"To have an exclusive healthcare orientation within a profitable business enterprise and be the preferred choice for medicines, medical devices and healthcare advice for healthcare professionals and patients."

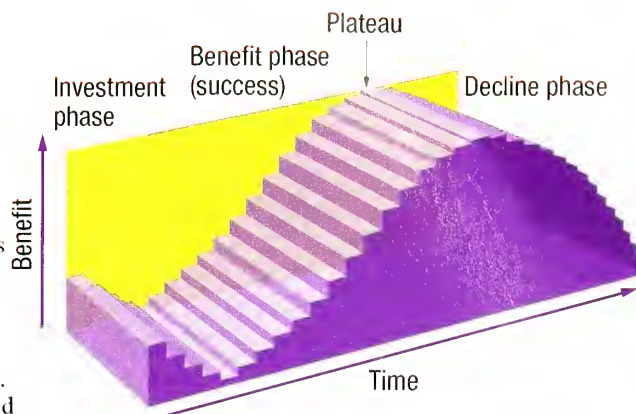


Figure 1.
Sigmoid lifecycle of an enterprise



A SWOT analysis will help you to develop a strategy

After brainstorming, SWOT and PEST analyses we should end up with a vision for the business that is linked to the mission. The mission describes where you are, while the vision explains where you are going. The vision cannot be set in stone – it must be an ongoing process. The vision, like the goal posts, will change. Change is constantly with us.

Chaos

Change results from chaos, which is an implicit part of nature itself.

Opportunities and threats are constantly arising and it is the prepared mind – the one with a strategy – that is more likely to take these opportunities and benefit from them. In chaos theory small inputs in one place create massive results in other places. I prefer to call them innovations.

Figure 2.
When to innovate

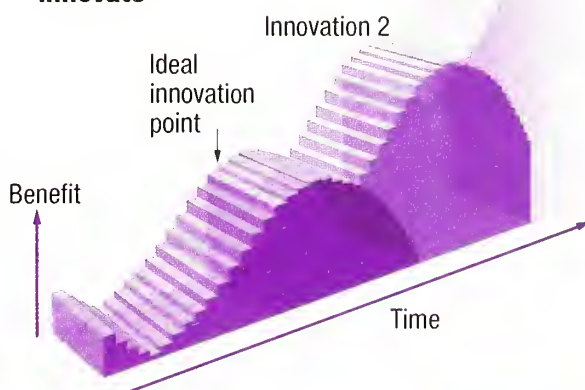
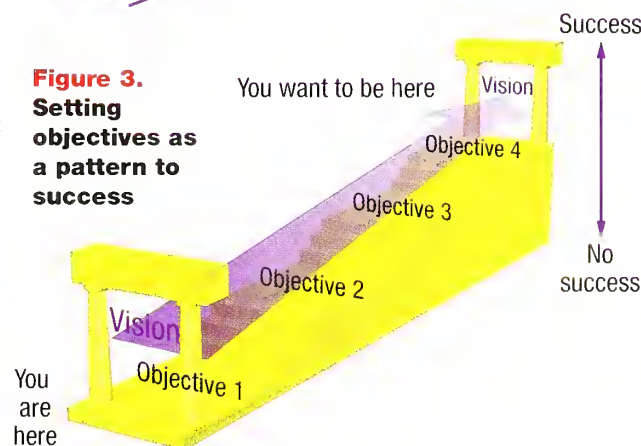


Figure 3.
Setting objectives as a pattern to success



The sigmoid curve

Charles Handy¹ gave me this model based on the sigmoid curve (fig 1). It describes the lifecycle of all human enterprises and is a powerful rationale for revisiting and altering a business's mission and vision as the strategic plan develops. Only by doing this can we ensure the long-term survival and success of our enterprises.

The sigmoid curve suggests that any human enterprise will need an initial investment to get it up and going – the investment phase. Then, the momentum takes over and it produces a return – a benefit. For a business this means profit, for an individual perhaps success.

This will continue for some time until a point is reached where the maximum benefit has been achieved. After this point a decline will ensue and will happen no matter what investment or marketing is implemented.

The only thing that will stop the decline phase is to create, through innovation and a new vision, a second sigmoid curve on top of the first. In this way change is brought to the enterprise to bring it into line with the environment in which it operates.

Successful businesses have been using this approach to ensure their long-term success. Because they are market driven and not technology or product driven they have been looking for their innovations – their new vision – in the changing environment.

Successful businesses know when to innovate. They choose the correct point on the sigmoid curve (see fig 2). This is the point just before the plateau. Innovate too early and you waste some of the benefits that are still to be reaped. Innovate too late and the enterprise may have reached such a state of decline that it would require too much investment in innovation to make it continually viable.

Just before the plateau the profits obtained from earlier years can be re-invested in innovation, and this is considered to be the most efficient time to implement innovation. Innovation – constantly setting new challenging visions – is therefore an integral part of strategic planning. It must not be a crisis management tool and must form part of the overall plan that sets out the enterprise's position and purpose (its mission) and where it wants to be (its vision).

Setting objectives

Strategy was originally associated with warfare, where the battles were the objectives. Some were lost and some were lost deliberately, but the overall strategy was to deliver the final vision – victory. Strategy converts ideas into results.

Strategic planning applied to a business is analogous to a journey. The

Continued on page 36 ►

starting point is where you are now and the final destination is the vision. On the way you will have stop-off points or 'milestones' – these are the objectives.

Visions are brought into focus by setting clear objectives. Objectives should be:

- Specific – we know exactly what we are talking about
- Measurable – you know when you have reached them
- Achievable – we do not do miracles
- Relevant to the overall vision
- Timed – you should know when you need them.

These are known as SMART objectives and all objectives should be SMART. Objectives are the stepping stones on the way to the vision.

Action now needs to be taken to achieve your objectives. This is the hard work but if you have a good vision based on a sound mission, then the hard work will be worth it. This is the operational part and most other chapters in *Mind Your Own Business* refer to how we do this.

Vision 2020

Vision 2020 is the professional strategy of the Pharmaceutical Society of Northern Ireland that was set out in 1997. The vision simply defined the role of the pharmacist in the year 2020. Achieving this vision was broken down into three key objectives:

- pharmacies will provide health promotion services contractually to the health service
- pharmacists will prescribe on the NHS
- community pharmacies will provide pharmaceutical care services.

This focused attention and Council business and activities were channelled towards these goals. Six years later the key objectives have been realised. Pharmacies are, through service level agreements, providing smoking cessation services (objective 1). Pharmacists are prescribing for a range of minor ailments in Scotland. In England, via patient group directions, pharmacists are prescribing emergency hormonal contraception (objective 2) and in Northern Ireland medicines management services are being provided as additions to the core contract (objective 3).

A force field analysis undertaken when the *Vision 2020* strategy was written allowed the Society to identify the drivers for change. These are the things that will support a changing role for the pharmacist. The analysis also identified the barriers to change. These are the issues that will stop or hinder change.

One of the main barriers identified was pharmacists' attitude to these changes. The Society had to try and alter these perceptions and a charm offensive has begun.

Mention of 'perception' brings this chapter full circle from discussing how our individual perceptions often restrict our ability to achieve success. We need to reduce our negativity to develop inspiring visions and work towards these visions.

Achieving our visions will involve inspiring, influencing and motivating others to assist us. This will be achieved by adjusting their perceptions. ☺

Reference

1. Charles Handy (1994); *The Empty Raincoat. Making Sense of the Future*. Hutchinson, London.

Further reading

Erling Andersen and others (1995) *Goal Directed Project Management (2nd Edition)*. Coopers and Lybrand – Kogan Page, London.

Donald Krane (1997) *The way of the leader*. Nicholas Brealey Publishing, London.

Jack Black (1994) *Mind store; The ultimate Mental Fitness Programme*. Thorsons/HarperCollins Publishers.

John Adair (1997) *Effective Leadership Masterclass*. Pan Books, London.

Taking adVantage

When Raj Rohilla started his pharmacy in Richmond, Surrey, its location and potential customer base were strong influences on his strategy for growing the business



Raj's pharmacy is situated just outside Richmond town centre, and it was evident that the business would have to offer something different to draw customers. Raj explains:

"It was clear that we wouldn't be able to compete with the multiples on price alone, so I had to look carefully at the strengths of the businesses, and the opportunities for growth."

Richmond Pharmacy already had an existing chiropodist and Raj wanted to offer complementary therapy and homoeopathy.

"Complementary therapy was just starting to take off at the time, and I felt that the nature of our potential customer base was particularly open to the idea of alternative remedies, so we decided to step this up a gear," says Raj.

"I put together a plan for growth with two main objectives. The first was to offer services outside of the traditional dispensing role, and also to offer alternative treatments and remedies that were not widely available."

Raj's strategic planning was key to the success of his pharmacy. He was selected in April 2002 as one of only 25 pharmacies to be involved in the Vantage Health Watch pilot, the medicines

management programme started by AAH Pharmaceuticals. Raj's pharmacy now has three rooms providing both conventional and complementary therapies and two areas offering medicines management services.

Along with offering services and complementary therapies, stocking products not widely available on the high street, such as Neals Yard remedies and Solgar vitamins, has helped to increase the pharmacy's customer base.

Raj says: "When a customer comes in with an ailment, we can either offer them a product over the counter, direct them to a conventional therapist or direct them to a complementary therapist. This means that a patient's choice about their health is put back in their own hands."

He concludes: "As the competition continues to grow, it is becoming more and more important to step back from the day to day running of the pharmacy and look carefully at how best to grow the business."

"One of the hardest things for independent pharmacists to do is successfully run every aspect of a business without having a manager or mentor to reassure you that you are doing well, or steer you in the right direction. ☺

Please e-mail your views to
chemdrug@cmpinformation.com

Locum lists raise issues of accountability

I write in response to Annette Morant's *Your views* (C&D, November 2, p14) and to explain the reasons why RPSGB branches should not keep locum lists.

In the past, before the wide spread of professional locum agencies, some branch secretaries did keep lists of pharmacists seeking work as locums in community pharmacy.

This has never been a core role for the Society's branch network and now sits even less comfortably with the recently agreed core objectives: support organisations for pharmacists through the development of lifelong learning; share exploration of new ideas; and

fellowship and peer guidance in a non-sectoral, non-commercial environment.

In addition, there are complications and potential risks associated with the promotion of locum lists. The Data Protection Act requires the processing of personal data concerning individuals, such as their names and contact details, to be in accordance with specified and lawful purposes. "Processing" includes holding data on a computer database as well as such activities as disclosing it to others.

Members who are the subjects of such data must be fully and fairly informed of exactly how their data is being processed. If

branches were to keep and promote locum lists, the Society would need to be in a position to ensure compliance with the Data Protection Act principles. This could involve notification to the Data Protection Commissioner of the details of each individual branch keeping such records and auditing how they were kept.

In addition, modern professional practice raises many questions concerning accountability and liability where services are being advertised for commercial use.

These issues represent risks to which the Society and its branch network should not be exposed.

Amanda J King
RPSGB membership manager

Evelle advertising has nothing to hide

I have a strong desire to put the record straight about Evelle.

Xrayser (November 2, p15) questions the lack of product information in the Evelle advert: surely the purpose of advertising is to generate product awareness, curiosity and enquiries, hence the freephone number at the bottom of all Pharma Nord adverts.

Pharma Nord staff are knowledgeable and helpful and, with all our products based on the findings of scientific research, the dissemination of information is certainly not a problem.

One only has to skim through C&D looking at other companies' adverts to see they are not designed to pass on product information.

Evelle is a complex product with

components associated with being beneficial for skin, hair and nails.

An independent product trial was set up prior to launch to confirm its beneficial effects on the skin. A rigorous double blind, placebo controlled, three month trial showed an improvement in the skin of women who took Evelle as opposed to women in the placebo group: at Pharma Nord we thought our trade customers would want to hear about it and that it would give them the confidence to stock the product.

And now we come to the final concern of this worried writer: why does Evelle not have a medicinal licence?

It is classed as a nutritional supplement and, as such, is in line with competitors' products on the

market so does not need a medicinal licence. Obtaining a medicinal licence is a costly and laborious process and it is not necessary for food supplements.

Food supplements are not allowed to make medicinal claims which is why "may" and "appears to" abound in all literature about vitamins and minerals: this does not imply lack of confidence in the product. On the contrary, it highlights the many boundaries that constrain vitamins and minerals!

All Pharma Nord products are manufactured to pharmaceutical standards to ensure consistency of quality all the way through.

Annalaura Dallavalle
Product manager
Pharma Nord (UK) Ltd

Inflexible systems to blame

I have just read the *Northern Ireland Notebook* (C&D, November 2, p15). While I can relate to the scenarios described in the article I cannot agree with the closing statement that "it's putting lives at risk". Am I missing something?

The scenarios described illustrate the inflexible systems we deal with daily in the community. We have all encountered changes to regular medication upon hospital discharge and prescriptions for items which don't appear on the computer.

Any repeat prescription collection service will be familiar with the patient who arrives in the pharmacy before their prescription. Very rarely are these life-threatening situations, but the sheer inflexibility of the primary care system and associated legislation causes inconvenience to patients and unnecessary work for pharmacists and surgeries alike. It is precisely because of situations like this, where there is no risk to the patient, that the system urgently needs an overhaul.

The sooner our profession is empowered to exercise appropriate judgment and discretion in interpreting the prescribers' intentions, the sooner we can provide the service our patients want without adding to the workload of our colleagues in other professions. GPs and their staff are not to blame for the shortcomings of the system, and I am sure they find it equally frustrating.

Peter Richardson, MRPharmS
Abergavenny

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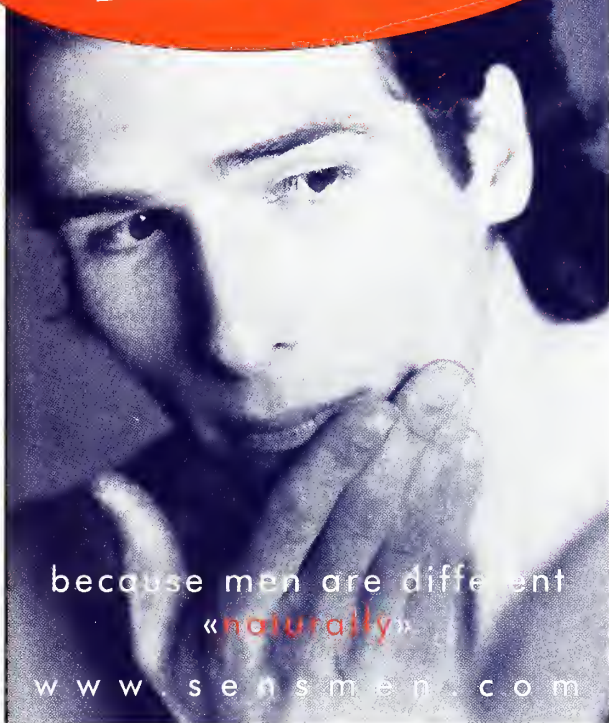
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Appointments

Jim Furniss, formerly of the Department of Health and the Cambridge Pharma Consultancy, has joined Bridgehead Technologies to advise pharmaceutical and medical device companies on pricing and reimbursement policy.

Dr David Pulman will become president, global manufacturing & supply, GSK, from the beginning of December following the departure of

Tim Tyson to ICN Pharmaceuticals.

Hugh Griffith has been appointed European commercial director for Bioenvision.

Ann Abraham has taken up the posts of parliamentary commissioner for administration (ombudsman) and health service commissioner for England – the two posts are always held by the same person.

Only 2,250 miles to go

If you think your feet are sore after running around in the dispensary all day, then spare a thought for Tom Isaacs.

After six months on the road, Tom has reached halfway in his charity walk around Britain's coastline, helping to raise the profile of and funds for Parkinson's disease along the way.

The 4,500 mile journey is equivalent to walking from London to Bombay. But what makes this journey even more remarkable is that Tom was diagnosed with Parkinson's disease seven years ago at the age of 27.

To date he has raised £180,000, including contributions from GlaxoSmithKline and Pharmacia, but still needs another £70,000 to make his target.

Donations can be made via Tom's website at www.coastin.co.uk.



Tom Isaacs' charity walk around Britain's coastline, in aid of Parkinson's disease, has reached halfway. Tom (left) is pictured with comedian Tony Hawks, who is also used to a bit of walking. In his book *Round Ireland with a Fridge* he tells the story of his quest to hitch around the coast of Ireland within a month... with a fridge

What's in a name?

Deciding on a name is certainly never an easy task.

So when Avicenna, the buying group, had to come up with a name for its new subsidiary (see p10), it had a little help from an unlikely source – the Royal Pharmaceutical Society's coat of arms.

Confused? Not if you know that the two gentlemen, depicted in the coat of arms below, also known as supporters, are Mr Avicenna (left) and Mr Galen.

Having already 'pinched' the Persian physician's name (980-1037 AD) for the title of the buying group, what could have been more natural than to call the new subsidiary Galen Consumer Ltd after the second century doctor from Pergamum (now in Turkey).

Why do things by half when you can go the whole hog?



Carlisle Pharmacy's driving Drug Squad, from the left: Tracey Matthews, Shan Brooks, Claire Spice, Michelle Best, Sheila Wyles and pharmacist Ruth Carlisle

Driven to distraction

As a survey highlighting the differences between the driving skills of men and women hits the national press, news has reached *C&D* of the adventures of the ladies of Carlisle Pharmacy in Faversham, Kent.

They took part in The Women's Driving Challenge at Manston Airport organised by, and in aid of, Marie Curie Cancer Care. The six brave members of "The Drug

Squad" spent a day driving breakdown trucks, JCBs, gravel lorries, ambulances and a fire engine. They had to drive the vehicles round a circuit as well as slalom through traffic cones and reverse into parking bays.

The day's adventure raised more than £2,000 for the charity thanks to donations from customers, suppliers and sponsorship raised by members of staff.

The 'olde' may still be the best

Here is yet more proof that good old fashioned customer service is 'simply the best' when it comes to running a pharmacy.

The customer certainly appears to be king at The Olde Pharmacy in Clapham Junction, a fact which has now been recognised with a Wandsworth Borough Council Business Award.

The Olde Pharmacy, which is run by Lara Laundon, pictured, and Georgia Michael, secured the award in the 'outstanding customer care' category, which came with a cheque for £500.

The annual awards highlight outstanding local performances.



The award was based on the outcome of a visit from a mystery shopper.

Ms Michael explains that the pharmacy's motto, "the best of yesterday with the best of today", means that "staff go out of their way to please customers" while also using "the best of modern technology to enhance the business".

The knowledge

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MAXIMUM STRENGTH ADVERTISING



MAXIMUM STRENGTH PAIN RELIEF WITHOUT PILLS

For backache, rheumatic & muscular pain and pain relief in common arthritic conditions

IBULEVE Trademark, and Product Licence held by Diomed Developments Ltd, Mitchin, Perth, SG4 7QR, UK. Distributed by: DDD Ltd, 94 Rickmansworth Road, Watford, Herts, WD18 7JL, UK. **Directions (Ibuleve Gel and Ibuleve Sports Gel):** lightly apply a thin layer of the gel over the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Directions (Ibuleve Mousse):** Apply 5 - 10 sprays (1 to 2 ml) and massage into the skin over and around the painful site. Wash hands after use. Repeat 3 to 4 times daily. **Directions (Ibuleve Maximum Strength Gel):** Lightly apply 2 to 5 cm of gel (50 to 125 mg ibuprofen) to the affected area. Massage gently until absorbed. Wash hands after use. Repeat as required up to three times daily. **Indications:** For the relief of backache, rheumatic and muscular pain, sprains and strains. Ibuleve is also for pain relief in non-serious arthritic conditions. **Contra-indications:** Not to be used if allergic to any of the ingredients, or in cases of hypersensitivity to aspirin, ibuprofen or related painkillers, especially where associated with a history of asthma, rhinitis or urticaria. Not to be used on broken skin, or where there is infection or other skin disease. Not to be used during pregnancy or lactation. **Precautions:** Not recommended for children under 12 years without medical advice. If symptoms persist, consult a doctor or pharmacist about continued treatment. Patients with asthma, an active peptic ulcer or a history of kidney problems should consult their doctor before use, as should patients already taking aspirin or other painkillers. Interaction with blood pressure lowering drugs may occur but is very unlikely. Keep away from the eyes, nose and mouth. Keep all medicines out of the reach of children. **FOR EXTERNAL USE ONLY.** **Side-effects:** In normal use, side-effects are very rare, but may occasionally include allergic or localised skin reactions in susceptible individuals. Ibuleve Spray and Ibuleve Mousse are FLAMMABLE. Keep away from flames. **Legal Category:** [P] Pack(s): Ibuleve Gel (PL 0173/0060) - 30g, RSP £3.89 (£3.31 exc. VAT) and 50g, RSP £5.39 (£4.59 exc. VAT), Ibuleve Sports Gel (PL 0173/0060) - 30g, RSP £3.95 (£3.36 exc. VAT), Ibuleve Spray PL 0173/0160) - 35 ml, RSP £4.75 (£4.04 exc. VAT), Ibuleve Mousse (PL 0173/0168) - 5g, RSP £7.95 (£6.77 exc. VAT) and 125g, RSP £10.60 (£9.02 exc. VAT), Ibuleve Maximum Strength Gel (PL 0173/0176) - 30 g, RSP £4.95 (£4.21 exc. VAT) and 125g, RSP £6.95 (£5.91 exc. VAT).

